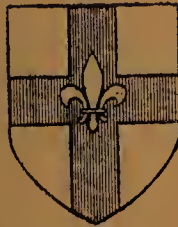


CITY AND COUNTY  
BOROUGH OF LINCOLN

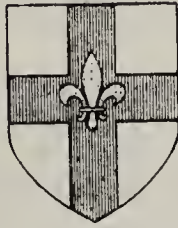


ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
*YEAR ENDED 31st DECEMBER, 1968*

*Including Reports of  
The Principal School Medical Officer  
and The Chief Public Health Inspector*



CITY AND COUNTY  
BOROUGH OF LINCOLN



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
*YEAR ENDED 31st DECEMBER, 1968*

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R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.  
*Medical Officer of Health*

To: The Right Worshipful The Mayor,  
Aldermen and Councillors of the  
City and County Borough of Lincoln.

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my Annual Report on the health of the City for the year 1968.

The Registrar-General's Estimate of the population of the City in 1968 was 75,720, a decrease compared with the estimate for 1967 (77,150) and the lowest population figure since 1960 (73,730). There was a slight reduction in the number of Net Live Births — 1,243 in 1968, the lowest figure since 1959 when there were 1,215 live births.

The Infantile Mortality Rate for 1968 was 12.06, the lowest ever recorded and a considerable improvement compared with the rate for 1967 which was 30.61. However, it would be wrong to draw too many conclusions from these rates as the figures are, to a considerable extent, dependent upon whether or not tiny, premature babies show signs of life.

During 1968, there were 150 Illegitimate Live Births in Lincoln, the rate per cent of total live births being 12.06 compared with the rate of 8.5 for England and Wales. It is difficult to explain why the illegitimate birth rate for Lincoln should be so much higher than the national figure and one wonders what steps can be taken by society to halt this now annual rise in illegitimacy throughout the country.

Attendances at the Infant Welfare Clinics during the year were 25,436. Most of the Clinics have to be held in Church Halls which, of course, are not entirely satisfactory. It is pleasing to report, however, that a purpose built clinic was erected on the Birchwood Estate during the latter half of the year. Due to financial restrictions, the cost of this building was kept to a minimum but it does in fact comply with the requirements of the Department of Health and Social Security that newly-built clinic premises should also provide accommodation for General Practitioners' surgeries. The Birchwood Clinic at present provides surgery accommodation for one General Practitioner and facilities are available for a second. Infant Welfare and Ante-Natal Clinics are held there and also Mothercraft Classes. The building is well sited and is greatly appreciated by those living on the Birchwood Estate. It is regretted that no progress was made in the scheme to build a new Centre in the Boutham Park area.

The number of women having their babies at home in 1968 was 329, the smallest number ever attended by the Local Authority District Midwifery Service. With the completion of the new Maternity Wing of the County Hospital at the end of the year, the future maternity services of the City will inevitably be very different from those provided during the past twenty years. Already the number of District Midwives employed has been reduced and there will obviously have to be further curtailment in the future unless some arrangement is made whereby these midwives also undertake Hospital duties. With the opening of the new Maternity Wing, the Maternity Section of the Bromhead Nursing Home will be closed and confinements of unmarried girls will no longer take place at the Quarry Maternity Home. These two Homes have, in the past, provided an excellent service in the City. The old practice of a mother staying in hospital for ten days after the birth of her child is now outmoded and the service provided by the Local Health Authority may have to be revised to meet the needs of the mothers discharged from hospital with their babies before the tenth day, and often within 48 hours of



admission. The code of practice for midwives and the "Rules of the Central Midwives Board", which have been in operation for so many years, may need to be amended to meet modern trends.

There is now an acute shortage of Health Visitors in the Department, only seven being employed full-time at the end of the year. With this reduced number, it is becoming increasingly difficult to maintain the high standards of the Health Visiting Service to which this City has been accustomed. Until recently, the Health Visitor was mainly concerned with infant welfare but now she is a 'family visitor' being concerned with closer liaison with the family doctor, the care of the aged, family planning, cervical cytology, and many other fields which can hardly be classified under the heading of "child welfare". The need for a full staff of Health Visitors is greater now than ever before.

The Home Nursing Service continued to have a full staff and with the assistance of the Marie Curie Night Nursing Service and the Home Help Service provided satisfactory care of most of the patients being 'nursed at home'. The introduction of sterile dressing packs and equipment and the supply of incontinence pads have facilitated this work and the speedy issue of nursing equipment from the Loans Department is always appreciated by both nurse and patient.

The three Cytology Clinic sessions held each week were well attended throughout the year though doubtless many women who are particularly 'at risk' have not attended. In 1968, 1,406 new applications for the test were received and whilst apathy of Lincoln women may not be as marked as in some parts of the Country, nevertheless greater efforts will have to be made in the future to persuade women to take advantage of this service. Those women over 30 years of age, having had several pregnancies and living in socio-economic deprived circumstances are particularly at risk and these are in fact the women who fail to attend.

In recent years, the Ministry of Health has urged Local Health Authorities to review the local arrangements for family planning and to extend the facilities available. In the past, the Family Planning Association have held clinics at the Maternity and Child Welfare Centre, Newland and apart from allowing the use of the premises and making an annual grant to the Association, the Authority had only to a slight extent been involved in the family planning clinic arrangements. However, this matter received special consideration by the Health Committee during 1968 as the National Health Service (Family Planning) Act, 1967 extended the powers of the Local Health Authority. It was decided to pay a subsidy of 10/- in respect of any patient, resident in the City, attending the Family Planning Association's Clinic for the first time. The Health Department's Clinic for the insertion of intra-uterine devices continued to be held monthly and it is hoped to start a service for the giving of free advice to women on contraception as soon as the present staff difficulties have been overcome.

The Home Help Service continued to experience difficulties in providing a fully adequate service. Although no great difficulty is experienced in recruiting helps, it is often not easy to recruit suitable helps in certain areas and many women feel unable to travel considerable distances from their homes to their work. Furthermore, a number of elderly people who, although assessed to pay a reduced hourly charge, feel unable to afford the amount that would be incurred to provide them with adequate help each week.

Due to staff difficulties, it was unfortunate that the Chiropody Service had to be curtailed. 6,419 treatments were undertaken compared with 8,017 in

the previous year, resulting in many old people not having treatment as frequently as they should. It is hoped that the staff position will improve during 1969.

During 1968, the Ministry of Health advised Local Health Authorities to introduce Measles Vaccination for children and those aged 4 — 7 years were to be given priority. By the end of the year 1,126 children had been protected against Measles and vaccination was being offered to children of all ages. Mothers of pre-school children were encouraged to obtain protection for their children and it was stressed that Measles should not be regarded as a trivial disease but rather as a potentially serious illness.

Health Departments were established in the 19th Century to deal mainly with Infectious Diseases which now take up a relatively small part of the time of the Health Department Officers due to a variety of reasons. The incidence of infectious diseases has declined very markedly — it is nearly 20 years since a case of Diphtheria occurred in Lincoln and Poliomyelitis virtually disappeared ten years after vaccination started, proving the effectiveness of large scale immunisation. Whooping Cough at last seems to be disappearing and no doubt in a few years' time, Measles epidemics will no longer occur. Tuberculosis has declined to the extent that in Lincoln in 1968 only 8 new cases were discovered, whereas 10 years ago the number was 53. We have now reached the stage when epidemic Influenza and Infective Hepatitis are the only infectious diseases which present significant problems in the community. Unfortunately, Lincoln has had a fairly prolonged epidemic of the latter disease over the past 2½ years. The precise extent of the epidemic was not apparent until the second half of 1967 when several cases occurred in schools. A request was made to the Ministry of Health for Infective Hepatitis to be made a notifiable disease and an appropriate Order was made with effect from 15th February, 1968. In all, 404 cases were notified during 1968. There is little doubt now that the epidemiology of this disease is very similar to that of Poliomyelitis in that for every clinical case, it is likely that many other persons are infected; family contacts are particularly at risk. Each case of Infective Hepatitis notified was visited by a Public Health Inspector and whilst it is inherently difficult to deal with any enteric virus disease, certain positive actions were taken. Firstly, food handlers who were cases or contacts were not allowed to resume work until free from infection. Secondly, it was decided when making enquiries at each home, to ascertain if any members of the household were Blood Donors and if so, they were advised not to attend Blood Donor Sessions. The Director of the Blood Transfusion Service was notified accordingly and notices were displayed at Blood Donor sessions advising donors of the appropriate action necessary if they had been in contact with a case of Infective Hepatitis or subsequently developed the illness. Gamma Globulin was used to prevent further cases occurring in certain schools and this action appeared to be quite effective. It was regretted that it was not possible to obtain supplies of Gamma Globulin to give to family contacts of cases. By the end of the year there was evidence that the epidemic was subsiding.

During the year a number of changes were made in the infectious diseases to be notified under the Public Health (Infectious Diseases) Regulations. Tetanus, leptospirosis, infective jaundice and yellow fever were made generally notifiable for the first time, whilst pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia were deleted from the list.

Although there was a slight decrease in the amount of work undertaken



by the Ambulance Service during the year, the pressure on this Service remained unrelieved. Occasionally the manpower resources were overwhelmed and at times it was impossible to keep to the schedule for pre-booked journeys for attendances at Out-Patient Departments. Despite the volume of routine cases, the Service has to be in a position to deal with emergencies at any time of the day or night. At times, therefore, it becomes virtually impossible to meet every demand. In October, it was necessary to convey a patient from the County Hospital to a Sheffield Hospital by helicopter by arrangement with the R.A.F. Rescue Service. There is no doubt that this is an ideal method of transporting seriously injured patients over a considerable distance. The cost and availability of the R.A.F. Rescue Service, however, make it impossible for this Service to be used other than on rare occasions.

There were no new developments in the Mental Health Service during the year and the need for a Hostel for women remained as great as ever. The question of overcrowding in the Psychiatric Hospitals and the Hospital for the mentally subnormal was considered at various times during the year but due to financial restrictions, the Local Health Authority is unable to make any positive contribution at the present time.

After several years of discussion, argument and debate, the City Council decided in October, 1968 to recommend to the Lincoln and District Water Board that the fluoride content of the public water supply should be increased to one part per million. It is very gratifying to report this progress and I would like to thank the Chairman of the Health Committee and other members of the Council for their active support and also the members of the Lincoln Local Medical and Dental Committees who devoted a great deal of time and effort to the dissemination of information giving the true facts of the benefits and safety of fluoridation.

There were several retirements of the staff of the Department during 1968—five members had each given over 20 years service to the Department—Mrs. H. Robinson, District Midwife, Miss J. Williamson, Senior Health Visitor, Mrs. B. Searle, Supervisor, Junior Training Centre, Miss I. Cook, Clerk and Mr. E. Stokes, Ambulance Driver. All were presented with long service awards by the City Council.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year. I should also like to thank the Chairman of the Health Committee, Councillor Mrs. S. J. Townend for her enthusiasm and support.

R. D. HAIGH,  
*Medical Officer of Health.*

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## HEALTH COMMITTEE, 1968

THE RIGHT WORSHIPFUL THE MAYOR  
COUNCILLOR RALPH WADSWORTH

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

*Council Members:*

Councillor Dr. R. J. Read	Councillor J. T. Ward
Councillor H. Evans	Councillor R. D. Horner
Councillor Mrs. E. M. Dawber	Councillor D. J. Fowler
Councillor Mrs. I. E. Campbell	Councillor Mrs. P. M. Woods

*Other Members:*

Dr. T. M. O'Brien	Miss A. Varley
Mr. D. G. Hutchison	Mr. G. H. Kelsey
Mr. S. B. Williams	

### **Necessitous Cases Sub-Committee**

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

Councillor H. Evans	Councillor R. D. Horner
Councillor Dr. R. J. Read	Councillor Mrs. P. M. Woods

### **Prosecutions Sub-Committee**

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

Councillor H. Evans	Councillor Dr. R. J. Read
Councillor R. D. Horner	Councillor Mrs. P. M. Woods

# STAFF OF THE CITY HEALTH DEPARTMENT, 1968

*Medical Officer of Health and Principal School Medical Officer:*

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

*Deputy Medical Officer of Health:*

P. E. ELWOOD, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G.

*School Medical Officers and Assistant Medical Officers of Health*

E. G. MYRA CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.

PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

*Assistant Medical Officer of Health*

CATRIONA F. G. SMITH, M.B., Ch.B.  
(part-time)

*Principal School Dental Officer:*

G. A. VEGA, B.D.S.

*School Dental Officers:*

J. ICETON, L.D.S.

MRS. D. BIRRELL, B.D.S.  
(from 1st July)

*Dental Auxiliary:*

MRS. S. M. HORSEMAN (to 31st January)

MISS S. D. CLIFT (from 1st September)

*Chief Public Health Inspector:*

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT.  
R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

*Deputy Chief Public Health Inspector:*

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

*Public Health Inspectors:*

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S  
CERT. R.S.H., D.M.A.

P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H.

G. BOTTOMLEY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

G. W. KIRK, CERT., P.H.I.E.B. (to 15th July)

M. V. SMITH, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (to 30th September)

P. A. COBBETT, CERT. P.H.I.E.B.

*Authorised Meat Inspector:*

A. CLAYTON

*Pupil Public Health Inspectors:*

C. BECK

R. C. HARTFORD

*Superintendent Nursing Officer:*

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

*Health Visitors:*

MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)  
 MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.).  
 MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.) (retired 3rd June)  
 MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)  
 MISS B. M. LEES, S.R.N., S.C.M., H.V. (CERT.) (to 12th January)  
 MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)  
 MRS. M. A. NEWSAM, S.R.N., S.C.M., H.V. (CERT.) (to 30th April)  
 MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.)  
 MRS. J. M. DUNHAM, S.R.N., S.C.M., H.V. (CERT.)  
 MRS. D. M. WOOD, S.R.N., S.C.M., S.R.F.N., H.V. (CERT.) (to 21st June)  
 MISS D. M. PALMER, S.R.N., S.C.M., H.V. (CERT.) (from 1st April)  
 MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time)  
 MISS F. BOOTH, S.R.N., S.C.M., H.V., (CERT.) B.T.A., (HONS.), S.R.F.N., (part-time)

*Student Health Visitor:*

MRS. P. S. TROUT, S.R.N., S.C.M. (from 2nd October)

*Health Education officer:*

MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

*Non-Medical Supervisor of Midwives:*

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D.

*District Midwives:*

MRS. H. ROBINSON, S.R.N., S.C.M. (retired 31st October)  
 MRS. G. M. ENGLISH, S.R.N., S.C.M.  
 MISS J. FORD, S.R.N., S.C.M. (to 14th December)  
 MRS. J. M. VEAR, S.C.M.  
 MRS. R. PARK, S.R.N., S.C.M.  
 MRS. B. MICHAEL, S.R.N., S.C.M.  
 MISS J. WALKER, S.R.N., S.C.M.  
 MISS J. E. SEAGER, S.C.M., C.N.N.  
 MISS P. E. MITCHELL, S.R.N., S.C.M.

*District Nurses:*

MISS J. BARSLEY, S.R.N., Q.I.D.N.  
 MRS. M. COLE, S.R.N., Q.I.D.N.  
 MRS. M. A. ATKINSON, S.R.N., Q.I.D.N.  
 MISS L. M. DAWSON, S.R.N., S.C.M.  
 MRS. K. DREWERY, S.R.N., Q.I.D.N.  
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.  
 MRS. A. HOWLETT, S.R.N., Q.I.D.N.  
 MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N.  
 MRS. N. TOYNE, S.R.N., Q.I.D.N.  
 MRS. F. WALMSLEY, S.R.N., Q.I.D.N.  
 MR. F. O. BELL, S.R.N., Q.I.D.N.  
 MR. W. BRIGGS, S.R.N., Q.I.D.N.  
 MR. J. H. PARKER, S.R.N., Q.I.D.N.  
 MR. C. J. NORTHOTT, S.R.N., Q.I.D.N.  
 MISS P. PYBONE, S.R.N. (part-time)

*Clinic Nurses:*

MRS. J. M. SWANN, S.R.F.N., S.C.M. (retired 31st March)  
 MRS. A. SAYWELL, S.R.N. (part-time)  
 MRS. J. M. BURNHAM, S.R.N., (from 25th March to 7th December)  
 MRS. J. A. PRATT, S.R.N. (from 3rd December)



*Day Nursery:*

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N. (to 26th May)
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N. MRS. H. V. SHIPMAN, C.N.N. MISS L. BAXTER, C.N.N. (from 21st October) MISS J. E. BERGIN, C.N.N. (to 31st October) MISS V. HODGSON, C.N.N. (from 2nd December) MISS H. B. KINNARD, C.N.N.

*Chiropodists:*

MRS. A. D. BROWN, M.Ch.S. (part-time to 30th September)  
 MISS S. M. MALT, M.Ch.S.  
 MRS. PAWSON, M.Ch.S. (part-time to 30th September)  
 J. POXON, L.Ch., H.Ch.S.R.Ch. (from 1st October)  
 R. W. SAVAGE, S.R.Ch.

*Adult Training Centre:*

Manager:	J. RUSHFORTH, R.M.N.
Assistants	MRS. M. VALTERS MRS. B. A. JONES (from 4th March) MR. J. E. ROGERS (from 7th October) MRS. M. STONES (to 12th January) W. B. FLATTERS E. F. NORRIS (to 22nd September) R. COX (leave of absence from 30th August)

*Junior Training Centre:*

Supervisor:	MRS. B. SEARLE, N.A.M.H. (DIPLOMA) (retired 31st October)
Supervisor:	MRS. J. A. WEBB, N.A.M.H. (DIPLOMA) (from 1st November)
Deputy Supervisor:	MRS. E. EITE, S.R.N. (from 1st November)
Assistants	MRS. J. M. JEFFREY (to 29th May) MISS S. A. WADSLEY (Student) MISS J. PICKWELL (Student) MRS. S. WOJNA (from 9th September) MRS. W. J. DAWSON MRS. B. I. HALE (from 18th November)

*Special Care Unit:*

MRS. J. M. SLINGER, S.R.N., C.N.N. (part-time)  
 MRS. J. A. E. SALISBURY (part time) (from 9th January)

*Hostel for Mentally Sub-Normal Adult Males:*

Warden:	J. H. GEERLING, R.N.M.S.
Matron:	MRS. L. GEERLING
Deputy Warden:	J. GRAY (part-time) (to 17th July) E. E. WEST (part-time) (from 6th August)
Deputy Matron:	MRS. N. FISHER (to 17th February) MRS. D. J. COOK (from 8th March)

*Mental Welfare Officers:*

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)  
 R. MASON, S.R.N., R.M.N., B.T.A. (CERT.)  
 MRS. D. M. ROBSON, R.M.N. (to 30th April)  
 MISS M. McDUGAL, R.M.N.  
 C. S. DALES, S.R.N., R.M.N., B.T.A.(CERT.) (from 13th May)

*Ambulance Service:*

Ambulance Officer V. R. NORTH, F.I.A.O.  
 Deputy Ambulance Officer H. LEEMING  
 Ambulance Liaison Officer: A. E. RAYSON  
 Clerk MISS J. M. WALLS  
 Clerk/Telephonist MISS M. HOWE  
 Driver/Attendants: 29 (at the end of the year)

*Home Help Service:*

Organiser MISS H. BALDWIN, M.I.H.H.O.  
 Assistant Organiser MISS M. E. TREVIS, M.I.H.H.O. DIP.  
 Clerks MISS S. E. MOYSES  
 MRS. W. B. TURNELL (part-time)  
 Helps at the end of the year: Whole-time 13; Part-time 136

*Pests Officer:*

A. H. WALKER

*Rodent Operators:*

R. WOOLFITT R. D. HIGGINS

*Dental Surgery Assistants:*

MISS J. SHELTON (to August)  
 MISS M. ASKEW (from 16th December)  
 MRS. M. WALLIS  
 MISS P. SMALLEY  
 MRS. V. PORTERGILL

*Dental Health Education Officer:*

MRS. J. ABELL

*Lay Administrative Assistant:*

J. C. MARTIN, A.R.S.H.

*Clerks:*

A. C. TAYLOR  
 N. F. McLEOD  
 B. F. SPALDING  
 MISS M. A. BOYNTON  
 MISS S. M. JOHNSON  
 MISS E. KETTLEBORO  
 MISS I. M. COOK (retired on 13th January)  
 MISS L. BOGG (to 4th October)  
 MRS. G. E. BRIEN (1st January to 31st December)  
 MISS L. J. STOCKS  
 MRS. E. PICKWELL  
 MISS A. BURNETT  
 MRS. J. BUSH  
 MRS. J. PRIESTLEY (part-time)  
 MRS. E. GROCOCK (part-time clinic clerk)  
 MRS. J. K. McLEOD (part-time clinic clerk)  
 MRS. P. J. ELLIS (Dental Clinic)  
 MRS. J. M. JONES (from 15th January)  
 MISS M. BRIGGS (from 14th October)

# STATISTICAL INFORMATION

## GENERAL STATISTICS

Area of City in acres	..	..	..	..	..	8,825
Number of dwelling houses, 1st April, 1968	..	..	..	..	..	26,314
Rateable Value, 1st April, 1968	..	..	..	..	..	£2,790,877
Sum represented by a penny rate	..	..	..	..	..	£11,200

## VITAL STATISTICS

Population (estimate mid-year, 1968)	..	..	..	..	75,720
Live Births:—					
Number	..	..	..	..	1,243
Rate per 1,000 population	..	..	..	..	16.91
Illegitimate Live Births	..	..	..	..	150
Illegitimate Live Births—per cent of total live births	..	..	..	..	12.06
Still-births:—					
Number	..	..	..	..	20
Rate per 1,000 total live and still births	..	..	..	..	15.83
Total Live and Still Births	..	..	..	..	1,263
Infant Deaths (deaths under 1 year)	..	..	..	..	15
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..	..	..	12.06
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	10.98
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	20.00
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	8.05
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	8.05
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	23.76
Maternal Mortality (including abortion):—					
Number of deaths	..	..	..	..	1
Rate per 1,000 total live and still births	..	..	..	..	0.79
Net Deaths	..	..	..	..	936
Death Rate per 1,000 population	..	..	..	..	12.36
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.05
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.16
Area Comparability Factors: Births 1.03 Deaths 1.00					

## COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	16.91	16.9
Still Birth Rate	15.83	14.0
Illegitimate Live Birth Rate per cent of total		
Live Births	12.06	8.5
Maternal Mortality Rate	0.79	0.24
Infant Mortality Rate	12.06	18.0
Neo-natal Mortality Rate	8.05	12.4
Perinatal Mortality Rate	23.76	25.0
Death Rate	12.36	11.9
Tuberculosis Mortality Rate	0.05	0.05
Cancer Mortality Rate	2.16	2.32



## COMPARATIVE TABLE—LAST FIVE YEARS

	1964	1965	1966	1967	1968
Population ... ..	77,180	76,910	76,720	77,150	75,720
Net Live Births ... ..	1,414	1,354	1,298	1,274	1,243
Still Births ... ..	34	13	19	28	20
Illegitimate Birth Rate ...	7.14	9.08	8.71	10.67	12.06
Net Deaths ... ..	857	887	1024	927	936
Live Birth Rate ... ..	18.69	17.96	17.26	17.01	16.91
Still Birth Rate ... ..	23.48	9.51	14.43	21.50	15.83
Infant Deaths ... ..	23	29	20	39	15
Infant Mortality Rate ...	16.26	21.42	15.41	30.6	12.06
Neo-natal Mortality Rate ...	9.19	16.99	9.24	20.41	8.05
Maternal Mortality Rate ...	1.38	0.73	0.76	0.00	12.36
Death Rate ... ..	11.21	11.65	13.34	12.14	12.36
Tuberculosis Mortality Rate	0.05	0.05	0.03	0.04	0.05
Cancer Mortality Rate ...	2.03	2.30	2.81	2.36	2.16

## Births

There were 1,243 live births during the year, 619 males and 624 females. The number of still births was 20 and the number of illegitimate live births was 150.

## Deaths

There were 936 deaths (474 males and 462 females) giving an adjusted death rate of 12.36 per 1,000 population. The ages and causes of death are given in the following tables:

## DEATHS IN AGE GROUPS, 1968

		4 wks & under											Total
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	
Males	...	7	5	1	3	5	4	12	38	76	148	175	474
Females	...	3	—	1	1	3	3	11	21	62	100	257	462
Totals	...	10	5	2	4	8	7	23	59	138	248	432	936

The following table shows the causes of death most common in 1968:—

## Malignant neoplasm

Lung and bronchus	..	..	..	..	47
Breast	..	..	..	..	17
Uterus	..	..	..	..	6
Other malignant and lymphatic diseases	..	..	..	..	69
Cerebrovascular disease	..	..	..	..	126
Ischaemic heart disease	..	..	..	..	254
Other forms of heart disease	..	..	..	..	58
Pneumonia	..	..	..	..	73
Bronchitis and Emphysema	..	..	..	..	46

## SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1968

Cause of Death	Sex	4 wks Total under and all ages 4 wks 1 yr			Age in Years									
		1-	5-	15-	25-	35-	45-	55-	65-	75 & over				
Bacillary Dysentery,	M	1	-	-	-	-	1	-	-	-	-	-	-	-
Amoebiasis ...	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other	M	2	-	1	1	-	-	-	-	-	-	-	-	-
Diarrhoeal Diseases ...	F	1	-	-	-	-	-	-	-	-	-	-	-	1
Tuberculosis of	M	2	-	-	-	-	-	-	1	1	-	-	-	-
Respiratory System ...	F	2	-	-	-	-	-	-	-	-	1	1	-	1
Other Infective and Parasitic	M	1	-	-	-	-	-	-	1	-	-	-	-	-
Diseases ...	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm:														
Stomach ...	M	13	-	-	-	-	-	-	1	2	6	4	-	-
	F	6	-	-	-	-	-	-	-	1	2	3	-	-
Lung, Bronchus...	M	40	-	-	-	-	-	-	2	16	18	4	-	-
	F	7	-	-	-	-	-	-	1	3	2	1	-	-
Breast ...	F	17	-	-	-	-	1	1	2	5	5	3	-	-
Uterus ...	F	6	-	-	-	-	-	-	2	1	1	2	-	-
Leukaemia ...	M	3	-	-	-	-	-	-	-	-	-	-	-	3
	F	3	-	-	-	-	-	-	1	1	1	-	-	-
Other Malignant	M	38	-	-	-	1	1	1	1	6	14	14	-	-
Neoplasms, etc. ...	F	31	-	-	-	1	-	2	2	8	9	9	-	-
Benign and Unspecified	M	1	-	-	-	-	-	-	-	-	1	-	-	-
Neoplasms ...	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes Mellitus ...	M	4	-	-	-	-	-	-	-	1	2	1	-	-
	F	5	-	-	-	-	-	-	-	1	3	1	-	-
Other Endocrine, etc.	M	2	-	-	-	-	-	1	1	-	-	-	-	-
Diseases ...	F	4	-	-	1	-	-	1	-	1	1	-	-	-
Anaemias ...	M	1	-	-	-	-	-	-	-	-	1	-	-	-
	F	3	-	-	-	-	-	-	-	-	2	1	-	-
Other Diseases of Blood,	M	-	-	-	-	-	-	-	-	-	-	-	-	-
Etc. ...	F	1	-	-	-	-	-	-	-	-	-	-	-	1
Mental Disorders ...	M	1	-	-	-	-	-	-	-	-	-	-	-	1
	F	5	-	-	-	-	-	-	-	-	1	4	-	-
Other Diseases of Nervous	M	8	-	1	-	-	-	-	1	2	1	3	-	-
System, Etc. ...	F	2	-	-	-	-	-	-	-	-	1	1	-	-
Chronic Rheumatic Heart	M	2	-	-	-	-	-	-	-	1	-	1	-	-
Disease ...	F	7	-	-	-	-	-	1	-	3	-	3	-	-
Hypertensive Disease ...	M	9	-	-	-	-	-	-	2	2	4	1	-	-
	F	7	-	-	-	-	-	-	-	-	-	7	-	-
Ischaemic Heart Disease ...	M	132	-	-	-	-	-	2	14	25	46	45	-	-
	F	122	-	-	-	1	-	-	1	11	30	79	-	-
Other Forms of Heart	M	26	-	-	-	-	-	1	-	2	2	21	-	-
Disease ...	F	32	-	-	-	-	-	-	1	2	5	24	-	-
Cerebrovascular Disease ...	M	54	-	-	-	-	-	1	3	7	24	19	-	-
	F	72	-	-	-	-	-	1	2	12	14	43	-	-
Other Diseases of	M	14	-	-	-	-	-	-	-	-	4	10	-	-
Circulatory System ...	F	17	-	-	-	-	-	-	1	1	3	12	-	-
Sub-Total ...														
	M	354	-	2	1	-	1	2	6	27	65	123	127	-
	F	350	-	-	-	1	2	1	6	13	50	81	196	-

## SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1968

Cause of Death	Sex	4 wks				Age in Years										
		Total all ages	Under 4 wks	Under and 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75 or over			
Influenza ... ..	M	1	-	-	-	-	-	-	-	-	-	1	-			
	F	3	-	-	-	-	-	-	-	-	-	1	2			
Pneumonia ... ..	M	30	1	-	-	-	-	-	-	6	2	5	16			
	F	43	-	-	1	-	-	1	-	1	2	10	28			
Bronchitis and Emphysema	M	32	-	-	-	-	-	-	-	2	4	13	13			
	F	14	-	-	-	-	-	-	-	2	2	4	6			
Asthma ... ..	M	1	-	-	-	-	-	-	-	-	1	-	-			
	F	2	-	-	-	-	-	1	1	-	-	-	-			
Other Diseases of Respiratory System	M	3	-	1	-	-	-	-	-	-	-	1	1			
	F	3	-	-	-	-	-	-	-	1	-	-	2			
Peptic Ulcer ... ..	M	4	-	-	-	-	-	-	-	-	-	2	2			
	F	3	-	-	-	-	-	-	-	-	-	-	3			
Appendicitis ... ..	M	1	-	-	-	-	-	-	-	-	1	-	-			
	F	1	-	-	-	-	-	-	-	1	-	-	-			
Intestinal Obstruction and Hernia ... ..	M	2	-	-	-	-	-	-	-	-	-	2	-			
	F	1	-	-	-	-	-	-	-	-	-	-	1			
Cirrhosis of Liver ...	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	1	-	-	-	-	-	-	-	-	-	1	-			
Other Diseases of Digestive System	M	2	-	-	-	-	-	-	-	1	1	-	-			
	F	4	-	-	-	-	-	-	-	-	1	1	2			
Nephritis and Nephrosis	M	3	-	-	-	-	-	-	1	-	-	-	2			
	F	3	-	-	-	-	-	-	-	-	1	-	2			
Hyperplasia of Prostate	M	6	-	-	-	-	-	-	-	-	-	-	6			
Other Diseases, Genito- Urinary System ...	M	2	-	-	-	-	-	-	1	-	-	-	1			
	F	6	-	-	-	-	-	-	1	-	1	2	2			
Abortion ... ..	F	1	-	-	-	-	1	-	-	-	-	-	-			
Diseases of Musculo- Skeletal System ...	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	2	-	-	-	-	-	-	-	-	1	-	1			
Congenital Abnormalities	M	2	1	-	-	1	-	-	-	-	-	-	-			
	F	1	1	-	-	-	-	-	-	-	-	-	-			
Birth Injury, Difficult Labour, Etc. ...	M	3	3	-	-	-	-	-	-	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
Other Causes of Perinatal Mortality ... ..	M	2	2	-	-	-	-	-	-	-	-	-	-			
	F	2	2	-	-	-	-	-	-	-	-	-	-			
Symptoms and ill-defined Conditions ... ..	M	4	-	-	-	-	-	-	1	-	-	-	3			
	F	8	-	-	-	-	-	-	-	-	-	-	8			
Motor Vehicle Accidents	M	9	-	-	-	-	4	1	2	-	-	-	2			
	F	5	-	-	-	-	-	-	1	1	2	-	1			
All Other Accidents	M	8	-	2	-	2	-	-	-	1	1	-	2			
	F	4	-	-	-	-	-	-	-	1	-	-	3			
Suicide and Self-inflicted Injuries ... ..	M	3	-	-	-	-	-	1	1	1	-	-	-			
	F	5	-	-	-	-	-	-	2	1	2	-	-			
All Other External Causes ... ..	M	2	-	-	-	-	-	-	-	-	1	1	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
Total All Causes	M	474	7	5	1	3	5	4	12	38	76	148	175			
	F	462	3	-	1	1	3	3	11	21	62	100	257			



## DEATHS FROM CANCER

There were 164 deaths from Cancer during the year (shown in the table below) compared with 182 during 1967. It will be noted that there were 47 deaths from Cancer of the lung, which represents 5% of the total deaths. Of these 47 deaths, 40 were males and 7 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was nearly seven times more common in males than in females and 28% of the total Cancer deaths were due to Cancer of the lung during 1968.

### CANCER DEATHS, 1968

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1 yr</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>25-</i>	<i>35-</i>	<i>45-</i>	<i>55-</i>	<i>65-</i>	<i>75&amp; over</i>	<i>Total</i>
Malignant Neoplasm	19	{ Males	-	-	-	-	-	1	2	6	4	13
Stomach		{ Females	-	-	-	-	-	-	1	2	3	6
Lung and Bronchus	47	{ Males	-	-	-	-	-	2	16	18	4	40
		{ Females	-	-	-	-	-	1	3	2	1	7
Breast	17	{ Females	-	-	-	1	1	2	5	5	3	17
Uterus	6	{ Females	-	-	-	-	-	2	1	1	2	6
Other Malignant and lymphatic neoplasms	69	{ Males	-	-	-	1	1	1	6	14	14	38
		{ Females	-	-	-	1	-	2	8	9	9	31
Leukaemia,	6	{ Males	-	-	-	-	-	-	-	-	3	3
		{ Females	-	-	-	-	-	1	1	1	-	3
Totals	164	Males	-	-	-	1	1	1	4	24	38	94
		Females	-	-	-	1	1	3	8	19	20	70

### Infant Mortality

There were 15 deaths under 1 year, giving an infant mortality rate of 12.06 per 1,000 live births. The infant mortality rate for England and Wales in 1968 was 18.0.

The following table shows the ages and cause of death:

<i>Cause of death</i>	<i>Under 1 wk</i>	<i>1-2 wks</i>	<i>3-4 wks</i>	<i>Total under 4 wks</i>	<i>1-3 mths</i>	<i>4-6 mths</i>	<i>7-9 mths</i>	<i>10-12 mths</i>	<i>Total</i>
Congenital Malformations ...	2	-	-	2	-	-	-	-	2
Pneumonia ...	1	-	-	1	-	-	-	-	1
Other Respiratory Diseases	1	-	-	1	-	1	-	-	2
Enteritis & Other Diarrhoeal Diseases ...	-	-	-	-	1	-	-	-	1
Diseases of Nervous System	-	-	-	-	1	-	-	-	1
Accident ...	-	-	-	-	2	-	-	-	2
Birth Injury, difficult Labour etc. ...	2	-	-	2	-	-	-	-	2
Rhesus Incompatibility ...	1	-	-	1	-	-	-	-	1
Prematurity ...	1	-	-	1	-	-	-	-	1
Other Causes ...	2	-	-	2	-	-	-	-	2
Total ...	10	-	-	10	4	1	-	-	15

### Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1968, there were 20 still-births and 10 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 23.76. The rate for 1967 was 38.4. The rate for England and Wales in 1968 was 25.0.

### Suicide

During the year there were 8 deaths (3 male and 5 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 10 (4 male and 6 female).

Cause of Death	AGE AND SEX								Total
	15 — 24		25 — 44		45 — 64		65 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Poisoning by Drugs	—	—	—	2	—	3	—	—	5
Drowning ...	—	—	—	—	1	—	—	—	1
Hanging ...	—	—	1	—	—	—	—	—	1
Asphyxia (plastic bag over head) ...	—	—	1	—	—	—	—	—	1
TOTAL ...	—	—	2	2	1	3	—	—	8

### Cremations

In November, 1968, the building of a Crematorium in Washingborough Road was completed. The Medical Officer of Health, Deputy Medical Officer of Health and Senior Assistant Medical Officer of Health were appointed as Medical Referees. By the end of the year, 97 cremations had taken place.

## LOCAL HEALTH AUTHORITY SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Infant Welfare Clinics

The average attendance per session (36.8) at the Infant Welfare Clinics was slightly lower than in the previous year (39.3), but there was a slight increase in the total number of attendances — 25,436 compared with 25,388 in 1967.

The highest average attendances during the year were at St. Luke's Church Hall and Swallowbeck Clinics, 62.8 and 52.5 respectively.

The number of children who attended the Clinics during the year was as follows:—

<i>Born in</i>	<i>Born in</i>	<i>Born in</i>	<i>Total</i>
1968	1967	1963-1966	
<hr/> 1074	<hr/> 1115	<hr/> 2255	<hr/> 4444

Of the 4,444 children who attended, 217 were referred for special treatment or advice as a result of a medical examination — either to a general practitioner or a consultant for special diagnosis and/or treatment.

It is regretted that there was still no progress made in the building of a new clinic in the Boutham Park area. Due to financial restrictions, this project, which was first approved by the Council many years ago, was postponed yet again. However, it is pleasing to report that the Health Committee agreed to the erection of a prefabricated 'Health Centre' in Birchwood Avenue during the latter part of the year to serve the residents living in the Birchwood area. The lack of adequate premises had been keenly felt by the General Practitioner living on the Estate and the Local Health Authority staff and the new Centre, which was opened in November, has adequate accommodation for two General Practitioners and any Local Health Authority Services which are necessary for the present population of the Birchwood area.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Wednesday	2-30—4 p.m. (by appointment)
	Friday	2—4 p.m.
Ravendale Clinic, Laughton Way	Tuesday	10—12 noon
	Thursday	10—11-30 a.m. (by appointment)
	Thursday	2—4 p.m.
St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
Methodist Church Hall, Burton Road	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
Holy Cross Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Bracebridge Church Hall, Ewart Street, off Newark Road	Monday	2—4 p.m.
Birchwood Health Centre	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

		<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session 1968</i>	<i>1967</i>
M. & C.W. Centre, Newland	p.m. Tues.	53	2255	42.5	41.7
„ „ (by appointment)	a.m. Tues.	35	280	8.0	10.1
or	p.m. Wed.				
„ „	Fri.	50	1949	39.0	43.5
Holy Cross Church Hall	Mon.	50	1831	36.6	37.1
„ „	Fri.	50	1571	31.4	35.5

		<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
				1968	1967
St. Giles' Hall	Thur.	51	2278	44.7	42.4
Burton Road Hall	p.m. Fri.	50	2108	42.2	34.5
Swallowbeck Hall	Tues.	53	2781	52.5	53.7
Walmer Street Hall	Wed.	51	2240	44.0	46.0
Ewart Street Hall	Mon.	50	1880	37.6	37.6
Ravendale Clinic	Tues.	53	1495	28.2	36.7
„ „ (by appointment)	a.m. Thur.	24	222	9.2	11.5
„ „	p.m. Thur.	51	1286	25.2	25.5
St. Luke's Hall, Birchwood (to 13th November)	Wed.	46	2889	62.8	59.1
Birchwood Health Centre (from 19th November)	Tues.	7	169	24.1	
(from 21st November)	Thur.	5	142	28.4	
Birchwood Toddlers' Clinic (by appointment)	Thur./ Fri.	11	60	5.5	
		690	25436	36.8	39.3

### Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:—

Maternity & Child Welfare Centre, 34 Newland	Wednesday	2—4 p.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
Holy Cross Church Hall Skellingthorpe Road	Thursday	10—12 noon
Birchwood Health Centre	Friday	2—4 p.m.

The number of women who attended the ante-natal clinics and the total number of attendances made during the past three years are given in the following table:—

	1968	1967	1966
Total number of women who attended during the year .. .. .	483	581	723
Total number of attendances .. .. .	1786	2072	2525

Details of the number attending at each Ante-Natal Clinic during the year are given in the following table:—

	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland Clinic .. .. .	51	222	507
Holy Cross Church Hall .. .. .	51	201	565
St. Luke's Church Hall/Birchwood Health Centre .. .. .	51	57	246
Ravendale Clinic .. .. .	50	203	471
	203	683	1789

\*including post-natal visits (3)



Each patient attending an ante-natal clinic is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

To give the best possible service to the expectant mother, it is essential that she attends early enough for this service to be implemented. It is also important that the General Practitioner, Midwife and the various Local Health Authority Services work as a team for the benefit of the women in their care. The completion of the co-operation card carried by each patient is evidence of the degree of co-operation achieved between all who are caring for the expectant mother. In the last month of pregnancy and in some cases where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray, haematological, etc.) are sent to each doctor and midwife concerned and any abnormality discovered during attendance at the ante-natal clinic is referred to the general practitioner concerned for further treatment or investigation.

### Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1968	1967
Total number of cases treated during the year. . . . .	62	50
Total number of attendances . . . . .	629	453

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 56 were school children and 6 were children under school age.

### Supply of Welfare Foods

Welfare Foods are available, to those entitled to this benefit, at the main distribution point at the Newland Infant Welfare Centre during office hours and at all outlying clinics when the infant welfare sessions are held.

There was a slight increase in the number of cartons of National Dried Milk issued during the year.

	1968	1967
National Dried Milk . . . . . cartons	6,126	5,743
Orange Juice . . . . . bottles	19,596	22,162
Cod Liver Oil . . . . . bottles	1,167	1,301
Vitamin A and D Tablets . . . . . packets	1,788	1,739

### Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out under an arrangement whereby the Lincoln Diocesan Board for Social Work make appropriate enquiries into cases where difficulties are anticipated and submit each case to the Health Department where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, grants were made in

four cases, the same number as in the previous year. A grant of £651 was made by the Health Committee to the Lincoln Diocesan Board for the year 1968.

The number of illegitimate live births during 1968 was 150 (still births 1) compared with 136 in the previous year. This represents a rate of 12.06% of total live births registered, compared with a rate of 10.67% in the previous year.

### Day Nursery

The average daily attendance at the Newland Day Nursery during 1968 was slightly less than in the previous year being 34.8 compared with 40.7 in 1967. The average daily attendance throughout the year was as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
24.3	31.4	35.0	32.6	34.3	34.2	34.6	29.8	36.4	39.6	45.7	41.0

The number of children on the register at the end of the year was 58.

The criteria for admission remained the same, children being admitted only when there was an urgent medical or social need. Children of school teachers employed by the Lincoln Education Authority and children of qualified nurses employed in Lincoln Hospitals were also eligible for admission.

The number of children on the register varied during the year from 40 to 60. Some of these children attended only 3 or 4 days each week mainly because their mothers were teachers who were only employed part-time. During the year 1 physically and mentally handicapped child, 1 physically handicapped child and 5 sub-normal children attended the Nursery.

In February, one child had Measles but no other children at the Nursery were affected. All children, who have not already had Measles, have been vaccinated against the disease.

Three Nursery Students completed their second year training and entered for the N.N.E.B. examination in June. All were successful. All Nursery Students attend the Lincoln Technical College two days each week for their nursery nurse training.

The staff held a 'Coffee Morning' in October and the proceeds amounted to £57. £30 was donated to the N.S.P.C.C. and the balance was used to provide extra toys and a Record Player for the Nursery.

On 31st December, 1968, the staff of the Nursery consisted of:—

Matron

Deputy Matron

5 Nursery Nurses

6 Students (3 first year; 3 second year)

The scale of charges at the Nursery was revised and as from 1st January, 1968 the maximum charge was increased from 10/- to 15/- per day and the minimum charge from 1/6d. to 3/- per day. The last increase in the daily charges was made in 1960.

### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Section 60 of the Health Services and Public Health Act, 1968 amended the Nurseries and Child Minders Regulation Act, 1948. This Section came into operation on 1st November, 1968 and from that date the scope of the 1948 Act was extended to include premises (other than those used wholly or

mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons, who in their own homes and for reward, look after one or more children under the age of five to whom they are not related, for similar periods.

At the request of the Minister of Health, publicity was given in the Local Press to the new Regulations and it soon became apparent that several Church Halls in which Play-Groups were being held, were liable for registration under the Regulations and also that many women were caring for one child only, often a friend's or neighbour's and they also were required to be registered by the Local Health Authority.

An inspection of the Church Halls revealed that many had inadequate toilet and hand-washing facilities and registration of these premises was deferred until improvements could be made. No woman, already caring for one child, was found to be unsuitable and registration was approved in every case.

At the end of the year, the premises and persons registered were as follows:

Nursery (1)	..	..	..	..	..	..	24 children
Play Groups in Church Halls, etc. (4)	..	..	..	..	..	..	80 „
Child Minders — All day care (6)	..	..	..	..	..	..	17 „
Sessional care (2)	..	..	..	..	..	..	20 „

### DENTAL SERVICE

*Chief Dental Officer: G. A. VEGA, B.D.S.*

Due to staffing difficulties during the year, the overall output in this section was reduced, the maternity service having suffered badly during 1968 compared with the previous year.

It is a welcome surprise to find that as far as child welfare work is concerned, the results are quite encouraging, with an actual increase in conservation work of approximately 18%. The ratio of teeth filled to teeth extracted has improved and is 6.6:1, compared with 3.3:1 in 1967 — a very encouraging development indeed.

### MATERNITY AND CHILD WELFARE

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit ... ..	383	68
Subsequent visits ... ..	196	144
Total visits ... ..	579	212
No. of additional courses commenced ... ..	11	2
<b>Treatment provided</b>		
No. of fillings ... ..	758	158
Teeth filled ... ..	666	136
Teeth extracted ... ..	101	160
General anaesthetics given ... ..	28	11
Emergencies ... ..	77	13
Patients X-rayed ... ..	3	9
Scaling and/or removal of stains ... ..	32	28
Teeth otherwise conserved ... ..	64	—
Teeth root filled ... ..	—	2
Inlays ... ..	—	—
Crowns ... ..	—	4
No. of courses of treatment completed during the year ... ..	293	74
<b>Prosthetics</b>		
Patients supplied with F.U. or F.L. ... ..	...	9
Patients supplied with other dentures ... ..	...	4
No. of dentures supplied ... ..	...	16



**Inspections**

No. of patients given first inspection during year	287	51
No. of patients requiring treatment ... ..	200	46
No. of patients offered treatment ... ..	198	46
No. of sessions devoted to M.C.W. patients ...		109

**MIDWIFERY**

*Non-Medical Supervisor of Midwives: MISS E. DITCHBURN*

**Staff**

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is the Medical Supervisor of Midwives, approved by the Central Midwives Board, and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Changes in the staff of the domiciliary midwifery service during the year were as follows:

Mrs. H. Robinson retired after 29 years service with the City Council on 31st October, 1968.

Miss J. Ford resigned with effect from 14th December, 1968.

**Refresher Courses, Lectures, etc.**

Miss P. C. Mitchell attended a Refresher Course at Roehampton from 11th to 17th August, 1968.

Miss J. Walker attended a course in preparation for the Midwife Teacher's Diploma at the Midwife Teachers College, Kingston-on-Thames from 25th June to 14th December, 1968.

All midwives attended a Study Day held at the Recreation Hall of the Lincoln County Hospital on 14th September, 1968.

A series of in-service lectures was attended by the midwives whenever their duties allowed them to do so.

**Training of Pupil Midwives**

The training of pupil midwives continued in 1968 in conjunction with the Lincoln Maternity Home. By the end of the year, all seven district midwives were on the register of Approved District Midwife Teachers.

Seven pupil midwives completed their district training during the year. Eight Pupil midwives obtained their certificates and entrance to the Roll of Certified Midwives.

Tutorial classes are held each week, usually of two hours duration. A series of Lectures on various aspects of Public Health are given by the Deputy Medical Officer of Health. During the time the Pupil-midwives are training in the domiciliary field, they are introduced to various members of the Public Health Team, spending some time with each. Each pupil is expected to attend the Stork Clubs weekly, and in addition to taking part in the preparing of the mothers who attend these Clubs for their coming labour, is expected to give one or more talks to the mothers, as part of these sessions. The subjects on which they are expected to talk are well within the scope of their knowledge at this stage of their training.

**Transport**

At the end of the year, 5 midwives were car drivers, 1 midwife used a scooter, and 1 midwife used a bicycle. It is hoped that during the year 1969 all midwives will be using cars for their duties.



### Notification of intention to Practise

Fifty-four midwives notified their intention to practise in the area during 1968. (55 in 1967). One practised in a private capacity until February, 1968, since when there have been no midwives working in a private capacity.

Of the other midwives, eight practised in the domiciliary field, and thirty from Hospitals.

Nine practised from a Nursing Home under the control of Lincoln No. 1 Hospital Management Committee, and seven from the Quarry Maternity Home, which is under the control of the Lincoln Diocesan Board for Social Work.

### Distribution of Confinements

The total number of Lincoln Births (live and still) occurring during 1968 was 1,251. The 1968 summary is as follows:

	<i>Live Births</i>			<i>Still Births</i>		
	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>
Lincoln Cases:	326	825	1151	3	16	19
Add Inward Transfers:	1	78	79	—	2	2
	327	903	1230	3	18	21

The number of births allocated to Lincoln by the Registrar-General (including inward and outward transfers) was 1,263 compared with 1,302 in 1967.

There was a decrease in the number of cases attended by the District Midwives as shown in the following table:

#### *Cases attended by District Midwives*

1964	..	..	..	554
1965	..	..	..	518
1966	..	..	..	468
1967	..	..	..	415
1968	..	..	..	329

The midwives paid 8,666 visits during 1968, compared with 10,516 in the previous year.

Of the visits paid in 1968, 144 were ante-natal visits to women who were booked to have their confinements in hospital and 961 to women who were discharged from hospital earlier than the 10th day post-partum. The actual number of women discharged early from hospital was 265.

The reduction in the domiciliary confinements was as expected, this being the trend over the country as a whole. The availability of 'Family Planning' Clinics, especially the Clinics where the intra-uterine contraceptive device can be fitted, has had an effect on the pregnancies of the grand-multi-para. Several of these women are now looking healthier than they have for years; they are now able to take part-time work, help with the family income, and have a little money to spend on themselves, instead of living under the constant threat of further pregnancy.

Selection of women for delivery in their own homes is carefully carried out and every expectant mother for whom the Medical Officer of Health recommended hospital delivery, whether the reason was medical, obstetrical or social, was accommodated at the Lincoln Maternity Home. During ante-natal care to expectant mothers who were originally booked for domiciliary confinement, in 50 cases some factor was detected, or a situation developed,

which indicated that confinement at home would be unwise. Accordingly, with the consent of their General Practitioner, these women were transferred to the care of the Hospital Service.

There were 20 Stillbirths in the City of Lincoln during 1968; the maternal and foetal abnormalities associated therewith were as follows:

#### Maternal Causes

Abruptio placenta	..	..	..	..	1
Pre-Eclamptic State	..	..	..	..	4
Rh incompatibility	..	..	..	..	1
Cephalo-pelvic disproportion	..	..	..	..	1
Placental insufficiency	..	..	..	..	2
Pelvic infection	..	..	..	..	1

#### Accidents of delivery

Cord compression	..	..	..	..	2
Rupture of meningocele	..	..	..	..	1
Precipitate labour	..	..	..	..	1
Inhalation of meconium	..	..	..	..	1

#### Foetal causes

Prematurity	..	..	..	..	6
Multiple pregnancy	..	..	..	..	4
Anencephalic foetus	..	..	..	..	3
Hydrops foetalis	..	..	..	..	1
Spina bifida	..	..	..	..	1
Asphyxia	..	..	..	..	2

### Home Help Service for cases of Toxaemia of Pregnancy

In May, 1966, the Health Committee agreed to supply Home Help Services free of charge for cases who developed signs of pre-eclamptic state, who were primigravida having treatment in their own homes, and multiparae having treatment at home or in hospital. Although the General Practitioners are advised of the availability of this service, from time to time, there has been little demand for it. Only one case required this service for three weeks during 1968.

### Radio-Control

In December, 1966 each domiciliary midwife was issued with portable radio-controlled equipment and this was in use throughout 1968. All the theoretical advantages of this equipment have been proved in practice and in differing instances the equipment is of benefit to the patient, midwife and family doctor. The only slight difficulty that has been experienced is that the batteries need to be changed more frequently than is convenient and it would be advantageous if the batteries could be designed so that a longer interval can elapse between charges.

### Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 183 cases; 14 cases where the doctor was present and 169 where he was not present. Pethedine was given in 197 cases; 14 where the doctor was present, 183 where he was not present.

### Chest X-ray of Expectant Mothers

The number of expectant mothers who attended for Chest X-ray during the year was as follows:

Referred by General Practitioners .. .. .	2
Referred by Local Authority Clinics .. .. .	36
Referred by Maternity Hospital Ante-Natal Clinic ..	186

Of the 224 expectant mothers X-rayed, 89 lived outside the City.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

Calcification, healed lesions, etc. .. .. .	3
Obliteration of costo-phrenic angle .. .. .	2
Pulmonary fibrosis .. .. .	1
Scoliosis .. .. .	1
Rib abnormalities .. .. .	4
	<hr/>
	11
	<hr/>

In addition, 3 women attended for Chest X-ray after the birth of their babies. Of these, 2 resided outside the City.

### Maternal Death

During the year there was one Maternal Death registered. This was due to a criminal abortion and the resulting septicaemia which developed. This was an unfortunate and unnecessary death, which could possibly have been avoided under the new abortion legislation. It is hoped that in the future no women who begets an unwanted pregnancy will be driven to seek the help of a 'back street' abortionist.

### Environmental Reports

With the use of beds at the Reynard Hospital, Willingham and the Bromhead Maternity Home, in addition to the Lincoln Maternity Home, most expectant mothers requesting a hospital bed for their confinement were able to be accommodated during 1968. However, in view of shortage of beds at certain times during the year, the Matron of the Lincoln Maternity Home requested that reports be submitted on the social circumstances of women who had no medical or obstetrical reason for booking a hospital bed. 17 environmental visits were paid by the Local Authority Midwives during the year; 15 cases visited were found to have adequate home environment, and 2 cases were found to be unsuitable for domiciliary confinement, and duly booked to have their babies in hospital.

### Early Hospital Discharge

Special arrangements were made following the early discharge of mothers and babies from the Lincoln Maternity Home, Bromhead Maternity Home and R.A.F. Hospital Nocton Hall. Mothers returning home prior to the tenth day after the birth of their babies must be in the care of a midwife and they are therefore transferred to the care of the Local Authority Midwife in whose area they reside. The number of early hospital discharges during the past five years was as follows:

1968	1967	1966	1965	1964
265	162	191	134	123



The number of visits paid to each case varies considerably. Those mothers who are 'Planned early discharges', usually those from R.A.F. Hospital, Nocton, and the Bromhead Maternity Home, are visited prior to their confinement by the domiciliary midwife for the area of the City in which she resides. It is hoped that by this contact the transfer from the care of the Hospital Staff to Domiciliary Staff will not appear too strange. Having met the Domiciliary Midwife and discussed with her the requirements needed for baby's homecoming, the transfer is much smoother and less filled with apprehension for the mother.

The number of visits (nursing) paid to these mothers and babies by the Local Authority Midwives was as follows:

1968	1967	1966
961	554	518

### **Hospital Booked Cases — Ante-Natal Visits**

It has become part of the domiciliary midwife's duty to visit ante-natally in their own homes, mothers who are to have their babies in the Lincoln Maternity Home and in other hospitals and nursing homes in and around Lincoln. The reason for these visits is usually that the mother shows signs of anaemia, and requires a series of injections to correct this fault. Occasionally, however, the Area Midwife is asked to check on the condition of an expectant mother who has failed to keep her appointment at the ante-natal clinic, thus ensuring that a follow-up is made to assess that all is well with the expectant mother. The number of visits paid by the Local Authority midwives in 1968 was 144.

### **Home Nursing Service for Premature Babies**

Although one of the District Midwives holds the certificate for premature baby care, and was primarily responsible for the home nursing service for premature babies, her work in the domiciliary midwifery field has increased, due to the reduction of members of staff, making it necessary on occasions for other midwives to undertake this task. Two other midwives on the Staff have had special training in this work, each section of the City having a Premature Baby Trained Midwife within easy reach of any baby requiring such services.

These midwives are also employed to escort premature babies needing admission to hospital, during which journey the portable incubator is used. The radio-control equipment enables a premature baby trained midwife to be contacted easily when required at short notice.

The work of looking after these small babies involves teaching the parents how to care for them during the time the midwife is not there and special attention is given to the provision of adequate heating throughout the 24 hours of the day.

During 1968, 20 premature babies were attended and the visits paid by the midwives were 257.

### **Notification of Congenital Malformations**

During 1968, 19 babies were notified as having congenital malformations observed at birth. Details of these malformations are as follows:

						1968	1967
Meningocele	..	..	..	..	..	4	2
Spina bifida	..	..	..	..	..	4	2



	1968	1967
Anencephaly .. .. .	4	3
Hydrocephaly .. .. .	1	7
Talipes .. .. .	4	1
Harelip and cleft palate .. .. .	1	3
Harelip .. .. .	—	1
Cleft palate .. .. .	2	1
Hydrops foetalis .. .. .	1	1
Imperforate anus .. .. .	—	2
Oesophago-tracheal fistula .. .. .	—	1
Thyro-glossal sinus .. .. .	—	1
Absence of uvula .. .. .	—	1
Hypospadias .. .. .	1	2
Abnormal eyes and nose .. .. .	—	1
Agenesis of arms .. .. .	—	1
Exomphalus .. .. .	2	—
Extra digits .. .. .	2	—
Mongoloid infant .. .. .	1	—
Congenital heart .. .. .	1	—
Indeterminate sex .. .. .	1	—
Gross abnormalities .. .. .	2	1

In some babies, multiple deformities were notified, hence the discrepancy in the number of babies notified as having congenital malformations and the various malformations listed above.

## HEALTH VISITING

*Superintendent Nursing Officer: MISS E. M. DAY*

### Staff

At the end of the year, the staff consisted of:

- Superintendent Nursing Officer.
- 7 Health Visitors (full-time).
- 2 Health Visitors (part-time).
- 1 Health Education Officer.
- 4 School Nurses.
- 1 Clinic Nurse.

Miss J. Williamson retired in September after 22 years as a Health Visitor in Lincoln. She was known by many families throughout the City and has been a friend and counsellor to numerous young mothers, sometimes including a second generation. As a token of esteem in which she was held, over 100 of her colleagues and friends were present at a gathering to wish her well on her retirement.

Mrs. M. A. Newsam, Miss B. M. Lees and Mrs. D. M. Wood resigned during the year.

Mrs. J. M. Swann, Clinic Nurse, retired at the end of March. Mrs. J. Burnham was appointed in her place, but she had to resign in December and Mrs. J. A. Pratt was appointed to the vacancy.

Miss D. Palmer, a fully qualified Health Visitor was appointed on 1st April.

Mrs. A. Saywell, previously a part-time Clinic Nurse, was appointed a full-time School Nurse in order to relieve a certain amount of pressure on the depleted Health Visiting staff.

Miss C. A. Thompson, Health Education Officer, has been much in demand in schools and colleges and a report of her work and activities is given under the heading 'Health Education'.

### Training of Hospital Student Nurses in the Social Aspects of Diseases

The programme arranged was similar to that of previous years. The students enjoy their day with the Health Visitors, District Nurses and Public Health Inspectors. One interesting small point worthy of mention is that as a result of the sophisticated equipment now used in hospital, students are quite unfamiliar with the aids to comfort and improvisation which have to be employed in domiciliary practise. One student had never seen a back rest or imagined what it was like to nurse a patient on a feather bed from which he would not be parted!

### Home Visiting

Regrettably, owing to staff shortage and the necessity of manning additional clinics, the number of home visits was considerably reduced in 1968. This is unfortunate as it is during the routine visiting of families in their own homes that much health education can be done; problems are discussed and may be resolved and it is in this field, perhaps more than in any other, that preventive medicine can be practised.

During the year, one group of doctors concentrated their work in one area of the City and it was therefore possible for two Health Visitors to be 'attached' to their practice. This has proved to be a very useful association. Once a week all three Doctors and the Health Visitors meet together for discussion. The information which all five can give to each other is of mutual benefit to themselves and to their patients.

Details of the visits paid by the Health Visitors during 1968 are given in the following table:

### HOME VISITING—HEALTH VISITORS

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1968 ... ..	1,113	3,237
Children born in 1967 ... ..	866	2,378
Children born in 1963-66 ... ..	2,282	5,067
Total ... ..	4,261	10,682
Persons aged 65 years or over ... ..	34	85
Mentally disordered persons ... ..	—	5
Persons, excluding Maternity cases, discharged from hospital ... ..	4	14
Expectant Mothers ... ..	169	219
Visits to other cases ... ..	—	1371
Total visits ... ..		12,376

Routine screening tests are carried out by the Health Visitors for the detection of Phenylketonuria and for children considered to be 'at risk'. No positive result has so far been discovered for the former and out of 490 hearing tests performed on children under 5 years, 1 child was referred to the E.N.T. Consultant.

During 1968, 18 British Standard Fireguards were fitted into Corporation houses under the special arrangements whereby tenants agreeing to weekly payments can have them fixed free of charge.

### Health Education

The Health Education Service has been extended during the past year, particularly teaching in schools. A report on this is given in the section on the School Health Service.

Regarding Health Education within the Local Health Authority Services, there has been a new venture. A Mothercraft Course for Adoptive Parents was started, running for six consecutive Monday evenings, each session lasting one and a half hours.

Twelve couples were invited to attend (recommended by the Lincoln Diocesan Board for Social Work). Talks and instruction were given on normal development of the child up to the age of five years, infant feeding and weaning, bathing and clothing the baby, minor ailments, immunisation and vaccination, and home safety. Slides, films and equipment were used as visual aids. The first course was a success and a second course followed. In the future this will be a permanent feature of the Health Education Programme, and it is proposed to hold the courses twice yearly.

The following Organisations requested and received talks on topics ranging from, Health Education, Mothercraft, Sex Education for Children and Local Health Authority Services:

Women's Organisations.

Parent Teacher Groups.

Prospective Adopters.

The series of ten minute talks in Infant Welfare Clinics has not yet been commenced, but it is hoped that these will be started in the near future. A programme has been arranged, but thought must be given to the suitability of a spare room and facilities for the use of visual aids, in each individual clinic.

### Mothercraft Classes — The Stork Clubs

Following the opening of the new Birchwood Health Centre in November, arrangements were made for a Stork Club session to be held at the Centre on Monday afternoons. There are now four Stork Club sessions held each week and attendances during 1968 were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday)	} 76	19	1450
Newland (Thursday)			
Ravendale (Wednesday)	18	11	588
Birchwood (Monday)	7	5	20

These classes continue to be very popular.

### Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, "Beaumont House" Beaumont Fee and Hartsholme Church Hall, continue to be well supported and the members are grateful to the Health Committee for their help regarding premises and to the Health Visitors who give their time and advice.



During 1968, attendances were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	49	35	402
Beaumont House	90	30	684
Hartsholme Church Hall	69	43	730

### **Problem Families**

It is unfortunate that very little progress appears to be made with these families and it is depressing to note that in many cases, history is repeating itself in the next generation. However, some families give cause for hope and if the new families can be encouraged to limit the number of their children, there is a hope that their rehabilitation may be completed.

During the year, 51 women were fitted with an intra uterine device at the Clinic held at Newland.

The Social Workers Co-ordinating Committee meets every two months under the Chairmanship of the Medical Officer of Health. Officers of the following Corporation Departments attend — Children, Education, Health, Housing and Welfare — together with representatives of the Ministry of Social Security, Department of Employment and Productivity, Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln Diocesan Board for Social Work, and the Women's Royal Voluntary Services. Five meetings were held during the year and the problems associated with twelve families were discussed at these meetings.

Nine families were supplied with a Home Help Service free of charge for varying periods during the year. Many more families would no doubt benefit from such assistance, but it is not possible to extend this free service due partly to lack of funds and also due to the difficulty in recruiting suitable persons willing and able to undertake these duties for any length of time.

At the end of the year, there were considered to be approximately 78 families in the City who could be classified as having special problems and requiring constant supervision by, and assistance from, Social Workers.

## **HOME NURSING**

*Superintendent Nursing Officer: MISS E. M. DAY*

### **Staff**

There were no staff changes during the year and the establishment remained the same as in the previous year, *viz.*, 14 full-time nurses (four of whom are men) and one part-time nurse.

### **Post-Graduate Courses**

Mrs. M. A. Atkinson, Mrs. A. Howlett, Mrs. N. Toyne and Mr. C. J. Northcott attended a course of one week arranged by the Queen's Institute of District Nursing.

### **General Remarks**

The general pattern of district nursing remains the same. There has been no increase in the number of patients discharged early from hospital although this should be the pattern of the future, thus releasing hospital beds for more urgent cases.



The number of patients of 65 years and over attended by the District Nurses has increased steadily over the past four years. These elderly patients, who cannot be hurried, take up a large proportion of nursing time. It is perhaps of interest that on 31st December, 1968 of 33 patients on one nurse's register, 30 were over 65 years of age.

The following table shows that there was a slight increase in the number of cases attended (1,306 compared with 1,281 in the previous year) and a slight decrease in the number of visits paid (35,139 compared with 35,484 in 1967):

	1968	1967	1966
No. of cases attended by the Home Nurses ...	1,306	1,281	1,245
No. of visits paid by the Home Nurses ...	35,139	35,484	32,815
No. of patients aged under 5 at time of the first visit ... ..	19	13	21
No. of patients aged 65 years and over at time of first visit ... ..	900	892	861

The issue of pads for incontinent patients being nursed at home is now a daily occurrence. Pads are usually collected from the Health Department by relatives or friends of the patient, but in some cases, the pads are delivered by the District Nurses. During 1968, over 123 persons were issued with these pads and 11 adults and 12 children were issued with protective clothing.

### **Domiciliary Cervical Cytology Service**

Two District Nurses have been trained for this Service and 21 smears were taken during the year, involving 27 visits. 51 women who had an intra-uterine device inserted at the Clinic had a smear taken at the same time; had this not been the case, the District Nurses would have visited these women at home.

### **Marie Curie Memorial Foundation Day and Night Nursing Service**

Five State Registered Nurses and one Nursing Auxiliary were employed in this service at the end of the year for the nursing of patients in their own homes at night. During the year, 29 patients in the terminal stage of illness were nursed at home; of these, 8 were eventually transferred to hospital and the remaining 21 were able to stay at home until their death. In the vast majority of cases, this is where the patient wishes to be — in familiar surroundings and with relatives. The District Nurses continued to nurse these patients during the day-time.

The City Council made a grant of £250 to the Memorial Foundation during 1968/69.

### **In-Service Training**

A series of lectures were given to the Nursing Staff of the Health Department and, as in previous years, invitations were sent to the Health Departments of Lindsey and Kesteven.

The lectures were as follows:

30th January, 1968 — Mr. M. H. Kinmonth, Consultant Plastic Surgeon: "Plastic Surgery".

29th February, 1968 — Dr. J. B. Wilkinson, Chest Physician: "Recent trends in Chest Diseases".

31st October, 1968 — Dr. F. R. M. Elgood, Consultant Paediatrician: "Obesity in Children".

27th November, 1968 — Mr. S. P. Redmond, Consultant Ophthalmologist: "Cataract".

## VACCINATION AND IMMUNISATION

### Vaccination against Smallpox

Vaccination against smallpox in the second year of life has now been the policy of the Ministry of Health for the past five years — previously infants were vaccinated at three months of age. The scheme has been in operation for a sufficient length of time to assess the results of the change. Approximately 500 children have been vaccinated each year since the change in policy compared with over 700 prior to the change.

A summary of the vaccinations carried out during 1968 is as follows:

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1968 Total</i>
By Local Health Authority's Staff	15	319	3	337
By General Practitioners ...	11	111	17	139
<b>TOTALS ...</b>	<b>26</b>	<b>430</b>	<b>20</b>	<b>476</b>
<hr/>				
Re-vaccinations				
By Local Health Authority's Staff	—	1	6	7
By General Practitioners ...	—	7	30	37
<b>TOTALS ...</b>	<b>—</b>	<b>8</b>	<b>36</b>	<b>44</b>

### Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

Ministry of Health Circular 29/68, dated 28th August, 1968, suggested a modification in the programme of immunisations based on the recommendations of the Joint Committee on Vaccination and Immunisation. However, although these suggestions were made in an attempt to simplify the programme, it was felt that there were advantages in retaining the existing schedule and no change has therefore been made in the programme of immunisation for children attending the Infant Welfare Clinics.

The primary course for immunisation against Diphtheria, Whooping Cough and Tetanus consists of a total of four injections given at the 4th, 5th, 6th and 16th month of life. A "booster" injection, without the Whooping Cough antigen is given when the child enters School, and the ready co-operation of head teachers and staff in the arrangements for carrying out the immunisation programme at schools is much appreciated.

The number of children immunised in 1968 shows no significant change from the number in 1967, as will be seen from the following table:—

<b>Primary Courses Completed</b>	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1968 Total</i>	<i>1967 Total</i>
<i>By Local Health Authority's Staff:</i>					
Diphtheria only ...	—	—	—	—	2
Diphtheria-Tetanus ...	16	10	27	53	100
Diphtheria-Tetanus-Pertussis ...	680	114	3	797	827
<i>By General Practitioners:</i>					
Diphtheria-Tetanus ...	1	2	1	4	4
Diphtheria-Tetanus-Pertussis ...	231	29	1	261	316
<b>Totals ...</b>	<b>928</b>	<b>155</b>	<b>32</b>	<b>1115</b>	<b>1249</b>

<b>Re-inforcing Injections</b>				<i>Under</i>	<i>1-4</i>	<i>5-15</i>	<i>1968</i>	<i>1967</i>
<i>By Local Health Authority's Staff:</i>				<i>1 year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
Diphtheria Immunisation only	...	...	...	—	1	13	14	33
Diphtheria-Tetanus	...	...	...	—	35	811	846	762
Diphtheria-Tetanus-Pertussis	...	...	...	1	741	4	746	793
<i>By General Practitioners:</i>								
Diphtheria only	...	...	...	—	—	—	—	1
Diphtheria-Tetanus	...	...	...	—	33	48	81	38
Diphtheria-Tetanus-Pertussis	...	...	...	—	223	42	265	228
Totals	...	...	...	1	1033	918	1952	1855

In an effort to immunise a high proportion of the community, the scheme of home immunisations was continued. Where families are unable to attend an infant welfare clinic or their own general practitioner, a medical officer and health visitor visit the home. This service is greatly appreciated by hard-pressed mothers and is a means of reaching those families who have been most resistant in the past to immunisation propaganda.

### Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who had not been immunised in infancy, but this number remains small since triple antigen (i.e. antigen containing tetanus toxoid) is almost exclusively used in the immunisation of infants.

Good co-operation exists between the Casualty Department of the County Hospital and the Health Department. It is a simple matter for the state of immunisation of a casualty to be given from the Health Department records to the Casualty Officer. He then decides whether the casualty's immunity is satisfactory and in this way, the use of anti-tetanus serum is kept to a minimum. The Casualty Department informs the Health Department of any tetanus immunisations carried out in the hospital, so that any future immunisation procedure may be modified if necessary.

The following table shows the number of children immunised against Tetanus and receiving booster injections during 1968:—

				<i>Under</i>	<i>1-4</i>	<i>5-15</i>	<i>1968</i>	<i>1967</i>
<i>Primary Courses Completed:</i>				<i>1 year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
By Local Health Authority's Staff				—	—	8	8	3
By General Practitioners ...				—	—	1	1	6
Totals	...	...	...	—	—	9	9	9
<i>Re-inforcing Injections:</i>								
By Local Health Authority's Staff...				—	—	5	5	10
By General Practitioners ...				—	4	36	40	28
				—	4	41	45	38

Vaccination of infants against Tetanus started in 1956 and from this time, school children were also offered protection. It may be assumed, therefore, that the majority of children aged 17 years have now been vaccinated against Tetanus and as they are approaching the age when accidents are more prevalent, it is gratifying to know that should they be involved in an accident, it will not be necessary for them to have anti-tetanus serum with its attendant hazards.



## Poliomyelitis Vaccination

Vaccination against Poliomyelitis is now a well established routine and in 1968 presented no unusual features. It is now eight years since a case of Poliomyelitis was notified in Lincoln and eleven years since the last epidemic occurred — it is hoped that these facts will not lead to the belief that vaccination against the disease is no longer necessary as it is only by maintaining a high level of immunity among the population as a whole that the present satisfactory state will continue.

The “booster” dose which is offered to all children in their first year at school is regarded as an essential part of the vaccination programme and the opportunity is taken at this time to give a primary course of vaccination to those children who were not vaccinated against Poliomyelitis in infancy.

895 children of school-age were given reinforcing doses by the Local Authority Medical Officers and 36 by General Practitioners.

The table given below shows the number of persons under the age of 16 years given I. Complete Primary Courses and II. Reinforcing doses during 1968:

### POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1968

**Table I — Primary Courses Completed**

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1968	1967	1966	1965	1961-64		
By Local Authority ...	90	596	77	34	53	2	852
By General Practitioners	49	184	17	5	6	4	265
Totals	139	780	94	39	59	6	1117

**Table II — Reinforcing Doses**

By Local Authority ...	—	—	—	1	866	35	902
By General Practitioners ...	—	10	38	16	86	6	156
Totals	—	10	38	17	952	41	1058

## Measles Vaccination

Although Measles vaccine had been available in various forms since early in 1966, the small quantities being manufactured together with the high cost of the vaccine prohibited its use on a large scale. For this reason Measles vaccination had been limited to those children attending the Day Nursery who had not had the disease.

In February, 1968, the Minister of Health decided that vaccination against Measles should be made available to all susceptible children up to and including 15 years of age under the provisions of Section 26 of the National Health Service Act, 1947. Local Health Authorities were requested to make arrangements to vaccinate as many children as possible before the Autumn when the usual biennial epidemic normally would be expected to begin on a national scale. In this connection it should be noted that in the past Measles epidemics in Lincoln have not always coincided with national epidemics and in 1968 the disease occurred in epidemic form in the first six months of the year and by the Autumn practically had died out.

The Joint Committee on Vaccination and Immunisation had concluded that vaccination by means of one injection of killed vaccine followed by one injection of live vaccine, which hitherto had been the generally accepted method, was not entirely satisfactory and that a better degree of long-term



protection could be expected from the use of live vaccine alone. The Chief Medical Officer of the Ministry of Health recommended, therefore, that vaccination should be carried out by one injection of live attenuated virus vaccine. In order to ensure a fair allocation of available supplies the Ministry of Health undertook the distribution of vaccine to Local Authorities, free of charge to the Authority, until 31st March, 1969, after which date Authorities would be required to purchase vaccine through normal commercial channels.

The first supplies of vaccine became available in May and, in accordance with Ministry policy, vaccination was offered first to children aged 4, 5 and 6 years. Publicity material and letters were sent to the parents of all children in this age group offering vaccination at Infant Welfare Clinics in the case of 4 year olds and at school for the 5 and 6 year olds. The response was rather less than expected; up to the end of August on the completion of the first stage of the scheme, only approximately 15% of the 4 year old group had attended for vaccination whilst the proportion of 5 and 6 years old vaccinated at school was approximately 10% of the total number of children in this age group. Whilst these figures at first sight may not appear to be very impressive, it should be remembered that many children in the 4 — 5 — 6 years old group have had Measles. Notifications received indicate that rather more than half of the children attaining the age of 7 years have at some time had the disease and, as not every case of Measles is notified, the proportion is probably greater than half. The fact remains, however, that some parents, regrettably, regard Measles as being not very serious; there was also some initial apprehension that the vaccine would cause a severe reaction and make the child ill.

It was thought that the best way of dealing with children age 7 to 15 years would be to organise open vaccination sessions which they could attend. Two Open sessions were arranged for the mornings of 4th and 6th September, before the schools re-opened. These sessions were held at the Junior Training Centre and were advertised in the local press; neither session was very well attended, 52 children being vaccinated at the first session and 43 at the second session.

Having dealt with, as far as possible, the children aged from 4 to 15 years it was decided to concentrate future efforts upon children aged 1, 2, and 3 years. Children in this age group are generally much easier to reach than older children as, in many cases, they are still regularly attending at the Infant Welfare Clinics. Measles vaccination is now offered routinely in the second year of life after completion of the basic course of immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis. This is in every respect the most satisfactory time, few children under this age contract the disease and they are given protection before they mix with other children to any great extent and thus are exposed to infection.

The following table shows the numbers of children vaccinated against Measles in 1968.

				<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
				1968	1967	1966	1965	1961-64		
By Local Authority	...	...	...	—	88	152	148	651	18	1057
By General Practitioners	...	...	...	2	12	20	12	20	3	69
Total	...	...	...	2	100	172	160	671	21	1126

## AMBULANCE SERVICE

*Ambulance Officer: V. R. NORTH*

During 1968 the Ambulance Service carried a total of 43,603 patients, a reduction of 3,460 or 7.3% compared with 1967; in addition 580 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 155,074, a decrease of 7,221 miles or 4.4% compared with the previous year.

At regular intervals during the year liaison meetings were convened between Ambulance Officers and Hospital Management for the purpose of discussing mutual problems regarding the transport of patients in general, and in particular to planning methods of limiting ambulance space to those patients who qualify for transport by reason of medical necessity only. Planning on these lines should result in minimising abuse of the service, and it is reasonable to assume such plans will continue to reduce the number of out-patients requiring transport. Despite the slight decrease in the amount of work undertaken during 1968, pressure on the service was unrelieved and occasionally manpower resources were completely overwhelmed. In order to clarify such an apparent contradiction, an explanation of how rapidly changing demands on the service can lead to the state mentioned is necessary.

Approximately 85% of the total number of patients carried may be classified under the heading of "out-patients", these patients are transported to hospitals and various other centres for treatment and are returned to their homes the same day. The majority, although unable to use public transport, can walk with a minimum of assistance and are collected on a "milk round" principle. Annual fluctuations in this category are expected, and up to a point, increases can be absorbed with little adverse effect on the efficiency of the service. The remaining 15% may be classified as "general cases" and present a completely different picture. The majority of these cases being stretcher patients require the attention of two men and take far longer to handle, therefore any increase in their numbers significantly affects staff resources.

Included in the 15% mentioned are those patients who require transport to distant hospitals for specialist examination and return, or who may be admitted for specialist treatment. These cases are often classed as urgent and little or no advance warning is given when they arise. Under these circumstances drivers have to be withdrawn from the local work of the service and are "lost" for extremely long periods, often for the whole of their shift.

It may be seen from the appended statistics that "out of City" work in the 100/200 mile range increased by 35 journeys during 1968, an insignificant number until it is realised how these cases affect the availability of staff for the local work of the service.

The following tables give some indication of the type of case dealt with during the year, and enable comparisons to be made:

**Annual Comparative Table**

<i>Cases</i>	1968	1967	1966	1965
Ambulance	17,119	20,588	16,740	13,316
Sitting	26,484	26,475	23,315	22,204
<b>TOTAL</b>	<b>43,603</b>	<b>47,063</b>	<b>40,055</b>	<b>35,520</b>

*Miles*

Ambulance	68,436	75,815	69,449	62,155
Sitting	86,638	86,484	83,303	80,078
TOTAL	155,074	162,299	152,752	142,233
<i>Miles per patient</i>	3.5	3.4	3.8	4.0

Out of Town Journeys						
Miles	1968			1967		
	50/100	100/200	200/300	50/100	100/200	200/300
Journeys	267	109	10	284	74	11
TOTAL	386			369		

The following table shows the total number of cases moved monthly, analysed into five main categories:

Month	Emergency	Maternity	General	Out-Patients	Section 28	Total
January	84	46	367	2974	423	3894
February	129	59	370	2618	443	3619
March	130	46	356	2661	445	3638
April	133	46	335	2592	311	3417
May	144	46	364	2871	451	3876
June	137	47	334	2315	423	3256
July	123	57	355	2876	458	3869
August	134	55	371	2527	209	3296
September	141	44	346	2538	331	3400
October	129	52	389	2913	481	3964
November	121	43	343	3030	385	3922
December	162	53	377	2542	318	3452
TOTALS	1567	594	4307	32457	4678	43603

The percentage for each section to total cases is:      %

(a) Emergency	..	..	..	3.594
(b) Maternity	..	..	..	1.362
(c) General	..	..	..	9.876
(d) Out-Patient	..	..	..	74.440
(e) Section 28	..	..	..	10.728
				100.000



(Other authorities in brackets)

<i>Categories</i>	1968		1967	
	<i>Number</i>	<i>Miles</i>	<i>Number</i>	<i>Miles</i>
Street Accidents ... ..	423 (54)		452 (66)	
Home Accidents ... ..	326 (6)		360 (6)	
Other Accidents ... ..	304 (12)		276 (7)	
Street Illness ... ..	116 (3)		161 (2)	
Home Illness ... ..	2015 (50)		1941 (52)	
Other Illness ... ..	161 (1)		113	
Mental Illness ... ..	93 (2)		84 (1)	
Out-Patients ... ..	32451 (6)		35751 (9)	
Maternity Cases ... ..	556 (38)		525 (29)	
Infectious Cases ... ..	61 (1)		46	
Hospital Discharges ... ..	893 (3)		965 (8)	
Hospital Transfers ... ..	1344 (6)		1540 (3)	
Training Centres ... ..	2883		2917	
Chiropody Clinic ... ..	1795		1749	
Totals ... ..	43421 (182)	155074	46880 (183)	162295
	43603		47063	
<b>NON-PATIENT CARRYING JOURNEYS:</b> (Mileage included in above totals)				
Flying Squad ... ..	3		1	
Midwives ... ..	99		243	
Abortive ... ..	272		292	
Service ... ..	206		206	
	580		742	

## Staff

There were two staff changes during the year, Mr. E. Stokes retired after serving the authority for 21 years, and Mr. J. Sharples resigned. Both vacancies were immediately filled; Mr. J. Bowler, a fully trained driver/attendant transferred to Lincoln from the London ambulance service and Mr. F. Rousseau joined the service after discharge from the R.A.M.C.

There was no change in establishment and the number of staff remains as follows:

	1968	1967	1966	1965
Ambulance Officer .. ..	1	1	1	1
Deputy Ambulance Officer .. ..	1	1	1	1
Female Clerk .. ..	1	1	1	1
Female Clerk/Telephonist .. ..	1	1	1	1
Shift Leaders .. ..	5	5	5	5
Driver/Attendants .. ..	24	24	24	22
	—	—	—	—
TOTAL STAFF ..	33	33	33	31
	—	—	—	—

## Illness

During the year 168 days were lost due to illness involving 16 men; of the 16 men involved 10 were absent for periods of less than 3 days.

## Training

Pressure of work precluded the release of staff for training to either the County Hospital or Ambulance Training School, instruction therefore continued at local level in the form of lectures and practical demonstrations.



## Competitions

All members of the driving staff were again entered in the National Safe Driving Competition and awards for 1967 were presented at the ambulance station to those drivers who had qualified.

## Equipment

Equipment now used by the City Ambulance Service conforms in general to the recommendations published in the "Millar Report" on ambulance training and equipment. Most of the suggestions contained in the report were already effectively employed in the City Ambulance Service prior to publication and only in quantity were adjustments necessary.

The following equipment, held at the ambulance station in a constant state of readiness, is used in the conveyance to hospital of babies requiring oxygen on the journey:

1. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during the journey.

2. An 'Oxygenaire Oxycot' for the use of babies up to six months.

## Radio Control

By December, 1968 the pocket radio telephone equipment, primarily obtained to facilitate communications in the District Midwifery Service, and later extended to include a number of General Practitioners, had been in operation for two years. During this time no serious problems were encountered, and the equipment proved reliable and efficient when operated correctly within the limits prescribed by the manufacturers.

## Vehicles

Two new vehicles, ordered during 1967, were accepted from the manufacturers early in the year. These two vehicles, coach built on B.M.C. chassis, replace the last two Bedfords in the fleet which were obtained in 1958, and had each completed approximately 150,000 miles. One of the replaced vehicles, whilst considered not up to the standard required for the general work of the service, was modified to carry wheel chairs and is now used for transporting children to the Special Care Unit at Beaumont Fee.

Vehicle maintenance continued at a high standard and no major breakdowns occurred. At the 31st December the fleet statistics were as follows:

<i>Type</i>	<i>Make</i>	<i>Year</i>	<i>Mileage</i>	
			1968	1967
Ambulance	B.M.C.	1960	130,967	116,298
Ambulance	B.M.C.	1961	91,040	76,189
Ambulance	B.M.C.	1962	89,151	70,778
Ambulance	B.M.C.	1965	34,431	25,813
Ambulance	B.M.C.	1968	8,374	
Dual Purpose	B.M.C.	1962	93,176	78,173
Dual Purpose	B.M.C.	1968	10,545	
Sitting Case	B.M.C.	1962	92,969	78,531
Hire Car	B.M.C.	1963	111,278	92,239
Hire Car	B.M.C.	1964	103,231	79,440
Dual Purpose	Bedford	1958	148,995	145,173

## Patients Carried by Rail

Railway facilities were used in conveying 83 patients an estimated 6,719 miles.

**Transport of Chiropody Patients**

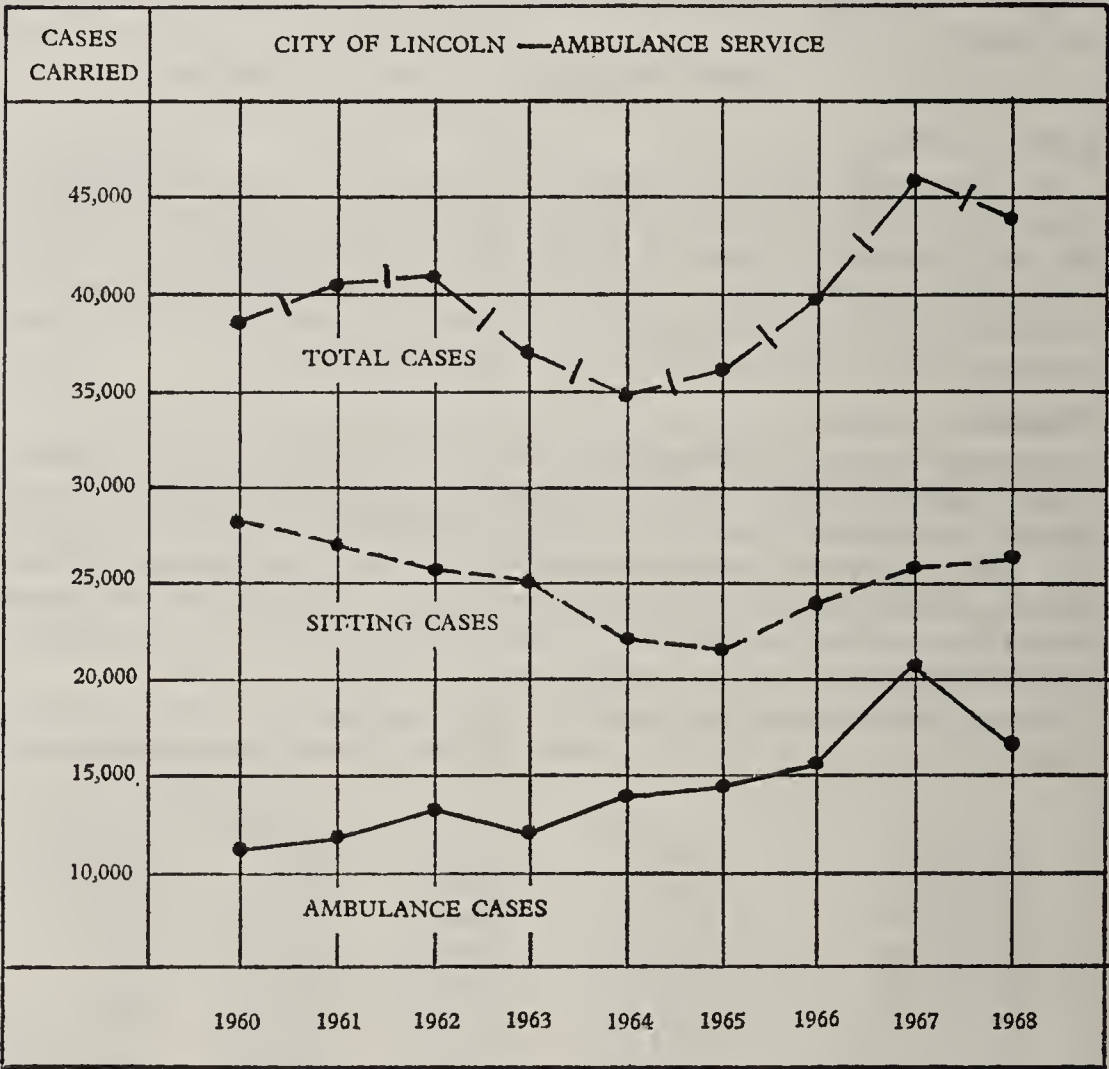
During the year 897 patients were transported to and from the Chiropody Clinic at Beaumont Lodge, an increase of 23 patients. Mileage involved in this work totalled 4,170, a reduction of 1,276 miles compared with 1967. This reduction in mileage was achieved by area collection of patients instead of isolated pick-ups for individual appointments, and resulted from the willing co-operation of the Chiropody Clinic in re-arranging their treatment periods to accommodate ambulance patients only.

**Co-operation with other Services**

Co-operation with the Police, Fire and other Ambulance Services continued at a high level.

**Fuel Consumption**

During 1968 petrol consumption was 10,623 gallons, an average of 14.6 miles per gallon.



**PREVENTION OF ILLNESS, CARE  
AND AFTER-CARE**

**Tuberculosis**

The need for Tuberculosis preventive work has declined steadily in recent years and a Health Visitor now undertakes the necessary duties in a part-

time capacity. During 1968 she attended 167 sessions at the Chest Clinic. Her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1968, 8 new cases of Tuberculosis were notified, compared with 11 in 1967.

When a patient is not admitted to hospital, but has treatment at home, the Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equipment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of this Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1968, the Tuberculosis Health Visitor paid 62 domiciliary visits, compared with 148 during the previous year.

The following is a list of the special facilities available for the Tuberculous patient:

1. Free Milk — After a financial assessment has been made, one or more pints of free milk daily may be allowed to a patient. 21 patients received free milk during 1968 and of this number, 17 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — can be obtained from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. Voluntary Services — The W.R.V.S. and British Red Cross Society also provide assistance. The W.R.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months.

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There were 2 cases in this category during 1968.



Over the past 20 years the decline in the incidence of Tuberculosis has been very marked and is likely to continue until the disease virtually disappears. However, cases of Carcinoma of the lung have increased to such an extent that the number of these cases attending the Chest Clinic is now greater than the number of tuberculous cases 20 years ago.

The attendances of patients suffering from Bronchitis show that this disease has altered very little and the work of the Chest Clinic is now largely concerned with the diagnosis and treatment of Carcinoma of the lung, Chronic Bronchitis and Asthma. Tuberculous cases are now a relatively small though important part of the Clinic's work.

## B.C.G. VACCINATION

### Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be "Mantoux Negative" are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1968 was 80 compared with 84 in the previous year.

### School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1968 under the approved scheme.

The senior schools in the City were visited during November by a medical officer accompanied by a nurse and clerical assistant. All children in the 13-14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G. The "consent rate" for 1968 was 89%.

The following table gives details of the numbers dealt with during 1968:

Number skin tested	..	..	973
Number found positive:			
Heaf grades 1 and 2	..	..	52
Heaf grades 3 and 4	..	..	16
Number found negative	..	..	856
Number vaccinated	..	..	855

The number found positive was 7.4% of the number tested, compared with 8.2% the previous year.

The Heaf positive reactors were graded in accordance with the degree of the reaction. Grades 1 and 2 children were referred to the Mass Radiography Unit in February, 1969. All except two children attended and results were as follows: No evidence of disease 50, Grades 3 and 4 children were given an appointment to attend for a large film at the Lincoln Chest Clinic and the results may be classified as follows:

No evidence of disease	..	..	..	..	12
Signs of old healed lesions: For follow-up by Chest Physician	..	..	..	..	4
					—
					16
					—

### MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City from 28th January to 21st February, 1968 and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 8,375 compared with 11,552 during 1967.

I am indebted to the Medical Director of the Unit for the following information giving details of the work carried out during the survey:

			<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	..	..	3819	4556	8375
No. recalled for large films	..	..	44	67	111
No. referred to Chest Clinic	..	..	18	17	35
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment			2	3	5
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	..	..	1	—	1
Pulmonary Tuberculosis p.p. inactive	..		—	—	—
Bronchiectasis	..	..	—	2	2
Bronchial Carcinoma	..	..	3	1	4
Cardiac abnormality	..	..	1	1	2
Sarcoidosis	..	..	1	3	4

#### *X-ray Examination of Staff*

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, student teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. In addition, the staffs mentioned are invited to undergo a chest X-ray when the Mass Radiography Unit is available in Lincoln.

#### **Immigrants**

During the year information was received in respect of 16 immigrants who were reported as coming to reside in the City. All the addresses were visited by a Health Visitor, but it was not possible to trace an immigrant at five of the addresses given. The remaining 11 were visited and appropriate advice was given regarding the Health Service facilities available to them. Arrangements were made for a Chest X-ray examination at the Chest Clinic in appropriate cases.

### OTHER ILLNESSES

The Council's Welfare Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and the aged and infirm.

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1968 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

## A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

				<i>Cause of Disability</i>			
				<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which section F(i) of Forms B.D. 8 recommends:—							
(a) No treatment	...	...	5	5	—	—	7
(b) Treatment (Medical, surgical or optical)	...	...	5	1	—	—	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment				—	—	—	—

## B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	—
(ii) Number of cases in which:—					
(a) Vision lost	...	...	...	...	—
(b) Vision impaired	...	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

**After-Care of Patients following discharge from Hospitals**

From time to time, mainly in connection with aged persons, a request is made by the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visiting by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

**Provision of Nursing Equipment and Apparatus**

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 539 patients were assisted and 837 articles of equipment were issued. The comparable figures for 1967 were 477 patients assisted and 884 articles issued. There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested.



Particulars of the equipment issued during 1968 are as follows:

Air rings .. .. .	54
Bed blocks (sets) .. .. .	1
Bed cages .. .. .	30
Bed pans .. .. .	121
Bed rests .. .. .	122
Bed pans (rubber) .. .. .	1
Bed tables .. .. .	1
Bedsteads .. .. .	17
Commodes .. .. .	88
Crutches (pairs) .. .. .	9
Dunlopillo cushions .. .. .	25
Dunlopillo mattresses .. .. .	5
Feeding cups .. .. .	9
Fracture boards (sets) .. .. .	7
Mackintosh sheets .. .. .	157
Mattresses .. .. .	15
Pillows .. .. .	2
Sheets .. .. .	1
Tripod Walking Sticks .. .. .	18
Urinals .. .. .	86
Walking Aids .. .. .	10
Walking Sticks .. .. .	5
Wheel chairs .. .. .	53
	<hr/>
	837
	<hr/>

### CHIROPODY SERVICE

The Chiropody Clinics are held at Beaumont Lodge, Beaumont Fee. Most patients are able to make their own way to the Clinic but those who by reason of physical disability are unable to use public transport are conveyed to and from the Clinic by the Ambulance Service. In addition to treatment at the Clinic a domiciliary service is provided for those who are completely housebound and who are unable to visit the Clinic even with the aid of Ambulance transport.

The Service was handicapped by staffing difficulties for the first nine months of the year. Mr. Webster had resigned at the end of 1967 to take a post with another authority and two part-time Chiropodists, Mrs. A. D. Brown and Mrs. E. Pawson, were engaged to work on a sessional basis until a full-time Chiropodist could be recruited. All domiciliary work was undertaken by Mr. Savage who worked three additional sessions per week in order to cover to some extent the extra work. Eventually the vacancy was filled on 1st October.

The staff shortage inevitably resulted in a reduction of the number of patients treated as compared with the previous year.

The number of clinic appointments not kept was exceptionally high, being approximately 13% of appointments booked. In the previous year the failures to attend represented 10% of appointments booked; in 1966 the rate was 8% and in 1965, 10%. From these figures it would appear that a failure rate in the region of 10% can be regarded as normal; the higher rate in 1968 probably was due to the many appointments which had to be altered owing to the staff difficulties previously mentioned.

The following table gives the details of attendances and income received from patients during 1968:

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	480	3209	6.6	£662 0s. 0d.
Afternoon Clinics	422	2520	6.0	
Home Visits		690		£63 14s. 0d.
Clinic appointments not kept ...	...	878		£725 14s. 0d.

### YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1968, 266 vaccinations were carried out, the largest number since the scheme was started, and the persons were from the following areas:

Lincoln .. .. .	65
Lindsey County .. .. .	99
Kesteven County .. .. .	73
Holland County .. .. .	8
Nottinghamshire County .. .. .	15
Other areas .. .. .	6
	<hr/>
	266
	<hr/>

### HEALTH EDUCATION

The appointment of Miss C. A. Thompson, Health Visitor as part-time Health Education Officer as from 1st April, 1967 was certainly a step forward and her appointment has contributed towards a gradual expansion of the Department's Health Education Programme. The Health Education Service offered to schools was further developed during 1968 and details are given in the Report of the Principal School Medical Officer.

The Health Visitors in their visits to homes and their work in clinics continued to carry out the all important but non-spectacular programme of Health Education. The mothercraft classes conducted at the Maternity and Child Welfare Centre, Newland, and The Ravendale Clinic, Laughton Way, continued to be well attended, as were also the three Mothers' Clubs.

As far as possible, health education posters and display materials were presented at a time when it was thought they would have the greatest impact — during the summer months the emphasis was on food hygiene and food poisoning whilst during the winter, burning accidents and the need for adequate fireguards received attention. During the year talks were given to various organisations on a variety of topics by several members of the Health Department Staff. A further course on Food Hygiene was arranged by the Lincoln Technical College and lectures were given by the Deputy Chief Public Health Inspector.

The monthly publication *Better Health* continued to be available for

distribution at the 'Stork Clubs', for mothers attending the Infant Welfare Clinics and to other members of the general public at the Health Department.

The Home Safety Committee met at intervals throughout the year and although no special project was undertaken in 1968, representatives of the Committee gave many talks to various organisations of children and adults. Films on "Home Safety" were shown and members of the Fire Brigade staff co-operated in taking part in these talks and demonstrations.

With regard to "Smoking and Health", the Head Teachers are aware that the Health Department Medical Staff and the Health Education Officer are willing to give talks and show a film on this topic. It must be admitted, however, that little progress has been made in reducing the amount of smoking and preventing people from acquiring this habit. The fact that smoking is a cause of cancer of the lung, chronic bronchitis and predisposes a person to coronary thrombosis in later life seems to have little effect on the attitude of school children and adolescents. It is abundantly clear, however, that if children see their parents and teachers smoking, efforts to convince them not to start this habit are unlikely to have much effect. There is no doubt that smoking is one of the major health hazards facing the youth of today. It is a form of drug addiction, nicotine being a chemical of the same group as heroin and morphine with the same addictive properties, admittedly more mild in degree, and should be treated in exactly the same way. Having stated this fact, however, one has to admit to failure in dealing with this most difficult problem.

In the case of nicotine addiction, the Health Educator has to contend, unfortunately, with the volume of skilled, commercial advertising which represents cigarette smoking as a pleasurable, relaxing and adult practice. A question asked so often is "What is the best way to change people's attitudes in the light of the attitudes which they actually have, rather than those we think they ought to have?" In England at the present time two out of three men smoke and two out of seven smoke more than twenty cigarettes a day. Of the two out of five women who smoke, ten percent of them smoke more than twenty cigarettes a day and this number is increasing. The men's smoking habits seem to have reached a stationary level whilst each decade younger females, in greater numbers, take up the habit and the trend is accelerating. The death rate for cancer of the lung for men seems to be stationary at the present time, whilst the rate for women is increasing rapidly.

## **WOMEN'S CYTOLOGY SERVICE**

The Lincoln Women's Cytology Clinic is held at the Maternity and Child Welfare Centre, 34 Newland on Monday and Tuesday morning and Tuesday evening. The staff of each clinic consists of a Medical Officer, Nurse and Clerk (all female) and women are seen by appointment, thus ensuring little, if any, delay. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in areas of the Lindsey and Kesteven County Councils. However, by arrangement with the County Councils, no woman is refused an appointment because she lives outside the City and payment is made by the County Councils for this service provided by the Lincoln City Council. Some women travel over 20 miles to attend the Clinic in Lincoln.

During 1968, 143 clinic sessions were held and the maximum number seen at any clinic session was 22.



The following table shows the number of women who attended the Cytology Clinic during 1968:

	<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended the clinic during 1968 .. .. .	1387	418	255	2060
No. of positive smears .. .. .	13	—	1	14

Although the clinics are well attended, it is known that many women particularly at risk are not attending the clinic for various reasons. In order to help these women, a domiciliary service (on a small scale) was started in August, 1967. Two of the District Nurses have been trained to carry out the smear test and domiciliary visits are made by them to women known to the Health Visitors and recommended by them for the domiciliary service. During 1968, 21 women had a smear taken by one of the District Nurses with one positive result.

## HOME HELP SERVICE

*Organiser: MISS H. BALDWIN*

The administrative staff of the Home Help Service consists of the Home Help Organiser, the Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

During the year, the number of applications for the services of a Home Help fluctuated, the heaviest demands, as in previous years were between January and March. The total number of applications for assistance received during the year was 490 and of these at least 165 were later cancelled. 19 requests for help in maternity cases did not materialise and 4 applications were booked for confinements due in 1969.

The following table shows the growth of the Service during the past three years and also the number of hours worked by the Home Helps, this year only a slight increase on 1967 figures.

Cases assisted:	1966	1967	1968
Aged and infirm .. .. .	680	685	720
General illness and chronic sick under 65 years .. .. .	85	103	102
Mentally disordered .. .. .	10	23	20
Maternity .. .. .	65	34	39
Tuberculous .. .. .	2	4	6
*Blind .. .. .	—	43	42
	<u>842</u>	<u>892</u>	<u>929</u>

*\*Prior to 1967, Blind were included in Aged and General illness figures.*

Hours worked:	1966	1967	1968
Home Helps .. .. .	132,395	138,087	137,069
Night Attendants .. .. .	5,360	3,525	5,864
	<u>137,755</u>	<u>141,612</u>	<u>142,933</u>

Home Helps employed at the end of the year:—

Full-time .. .. .	13	14	13
Part-time .. .. .	121	132	136
Whole-time equivalent .. .. .	77	79	78

The part-time Helps included Seven Night Attendants in 1966, nine in 1967 and 12 in 1968.

The number of hours worked in 1968, 1,321 more than last year's figure (141,612), was due mainly to the heavy demand made upon the Night Attendant Service. Even though the hours worked by the home helps is less than in previous years the number of cases covered was more, mainly due to the fact that many home helps attended an extra case when requested in order to give immediate help to sick persons in an emergency, or to others who would have had to go on the waiting list.

### **Aged and Infirm**

More than 60 persons had regular daily help over a long period during the year, mainly to light fires, clean grates, assist the elderly to dress and give them breakfast. The number of those who should have regular help at least once a week exceeds 500 and includes more than 64 persons under the age of 65. The remainder are elderly and frail. 21 persons who had help were over 90 years of age (2 of whom were blind). Approximately 278 who were supplied with help at some time during the year were between 81 and 90 years of age and 13 of these were blind. 368 persons were between 71 and 80, 16 being blind. Of the remainder 98 were between 66 and 70, and 5 of these were blind. Of the remainder the condition of more than 70 is unlikely to improve.

There is still a problem regarding allocation of immediate help to persons being discharged from hospital after a fairly long stay. The houses are often cold and damp and it appears it is not the responsibility of any particular department to make sure that the houses are warm, dry, clean and there is food in the pantry. Often the person is discharged at short notice, or, on the date given for return home is not discharged; this tends to add confusion to any service which is stretched to its limits.

### **Tuberculous Cases**

The number of persons suffering from tuberculosis and requiring the services of a Home Help varies each year. Of the 6 assisted during 1968 two have had help intermittently for 6 and 7 years respectively; two more for 2 years and the other two commenced in July and November, 1968.

The home helps who attend these cases are specially selected and difficulties are encountered in recruiting suitable helps when new cases arise.

### **Administration**

The Home Help Service has an important part to play in the care of the sick, elderly and infirm persons in their own homes and it is hoped that eventually adequate help may be given to as many as possible to enable them to remain in their own homes for as long as it is practicable for them to do so.

The Home Help establishment was slightly reduced and this was effected by not replacing helps who resigned after October, 1968. In all 31 resigned during the year. The appointing of Home Helps and the resignations increase the work of the administrative staff and it would appear helps are not staying in the Service as long as those who joined between 1955 and 1966.

It seems appropriate at this time to record the following:

Three Home Helps have been in the Service 15 years or more.

One for 14 years.

Two for 13 years.

Eight for more than 10 years.

Twenty-six between 5 and 10 years.



Recruitment is not always easy and although many apply for employment, relatively few are considered to be suitable.

Illness amongst the home helps is inevitable, but on the whole is not excessive when one considers the type of work they undertake.

It is still difficult to get recruits for certain areas of the City and it is impossible for the Service to run smoothly at all times, as frequently helps have to be re-directed to cover emergency and maternity cases. This means that elderly persons have to be left without help for more than one or two weeks at a time. The housebound without relatives in the City are usually given help whenever possible.

Owing to the growth of the Service the office accommodation is totally inadequate to meet the need for interviewing and paying the wages of the home helps each week and action to remedy this situation is urgently needed. Approximately £3,132 was paid to the Department for Home Help Service during 1968 and this amount is by no means substantial when one considers the work undertaken in order to recover so many small accounts!

### **Visiting**

The importance of home visiting cannot be over-emphasised. It is desirable to visit each case before help is sent, to follow up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary.

During 1968, 360 interviews took place in the homes of applicants and a further 452 visits to homes to re-assess the charge for the service and/or to check the continued need for the service. A further 158 visits were made to the home helps when working and to their homes when changes of programme were necessary. This number also included visits made in the evening or weekends to Night Attendants either to take instructions for a new case or cancel an original arrangement. Approximately 76% of the recipients of help were granted a free service and the remainder paid something towards the cost of the service. It is essential that people having free service should have fairly regular supervisory visits from this department as the majority are long term cases and without frequent visiting there could be abuse of the service. I feel the time is opportune to consider the appointment of a supervisor of administrative ability (or an Area Organiser) capable of checking work sheets and supervising the standard of the work, thus relieving the Organiser and her Assistant for the more important work; *e.g.*, assessing and re-assessing charges for the service and taking action where there is an adverse report. As it is, there is little time to do what is essential to maintain the Service at a high standard.

### **Toxaemia of Pregnancy**

Only one case of toxaemia of pregnancy was given the services of a Home Help during the year, enabling the mother and family to be together longer, but unfortunately this mother had to be admitted to the hospital prior to the birth of her baby. Service was given for 3 weeks.

The scheme for providing a free Home Help Service to primiparae having treatment for toxaemia at home and multiparae having treatment at home or in hospital was introduced in May, 1966.

### **Problem Families**

Assistance was requested for 12 families and help was given to 9, no charge being made for the service. It is extremely difficult to allocate home



helps to assist this type of family. One particular family have had support for 2½ years and whenever the help for any reason cannot attend it is surprising how the position worsens, it seems they cannot manage without a 'prop' or support. In fact they seem unable to make decisions alone; one wonders what the real solution is, if there is one. Some families resent intrusion in their private life and resent the help offered. Their problems are numerous and the work, even though rewarding at times, is onerous. In some instances conditions are so bad that it is necessary to send two Home Helps to work with this type of family.

### **Night Attendant Service**

Demand for the Night Attendant Service was exceptional this year, and appreciation of the service was acknowledged by many to whom the help was given. The service was supplied in the majority of cases to relieve relatives or friends of the sick person, or nightly help to persons having no relatives and awaiting admission to hospital within a few days, or to persons too ill to be removed to hospital.

Recruitment continues, but unfortunately the majority of Night Attendants can only work two or three nights a week and rarely at weekends, therefore much last minute planning was necessary to ensure that the Night Attendants were able to attend when required.

59 cases were assisted during 1968 compared with 54 in 1967 and 67 in 1966. The number of hours worked by the Attendants was 5,864. Twenty-seven had Night Attendant Service only and 32 had day and night help. These figures give an indication of how many people were able to remain in their own homes even though they were at times very ill.

## **MENTAL HEALTH SERVICES**

*Senior Mental Welfare Officer: J. B. GRACEY*

### **Staff**

At the end of the year the staff of the Mental Welfare Service consisted of the Senior Mental Welfare Officer and three Mental Welfare Officers (two male and one female), plus a full-time clerk/typist.

Mrs. D. M. Robson left this authority in April to take up a similar post with a neighbouring authority.

Mr. C. S. Dales commenced duties on 13th May, 1968.

### **Mental Health Act, 1959**

**Administration:** Since the beginning of the year the Health Committee has dealt with all administrative matters relating to mental health.

**Statistics:** Figures showed a slight difference from those of last year; there was a slight decrease in the overall number of cases referred, admissions to hospital and community after-care visits.

Liaison between General Practitioners, Police, Probation Service, Social Welfare, Health Visitors, Home Help Service, Housing Department and the various other social agencies continued to progress. The advent of the Seebohm Report serves to clarify the implications and reasons for a unified social service. A special mention must be made of the British Red Cross Society and Women's Royal Voluntary Services (Clothing Department), for their assistance with the countless cases that are referred to them and, although their resources must be heavily taxed, help has nearly always been given.

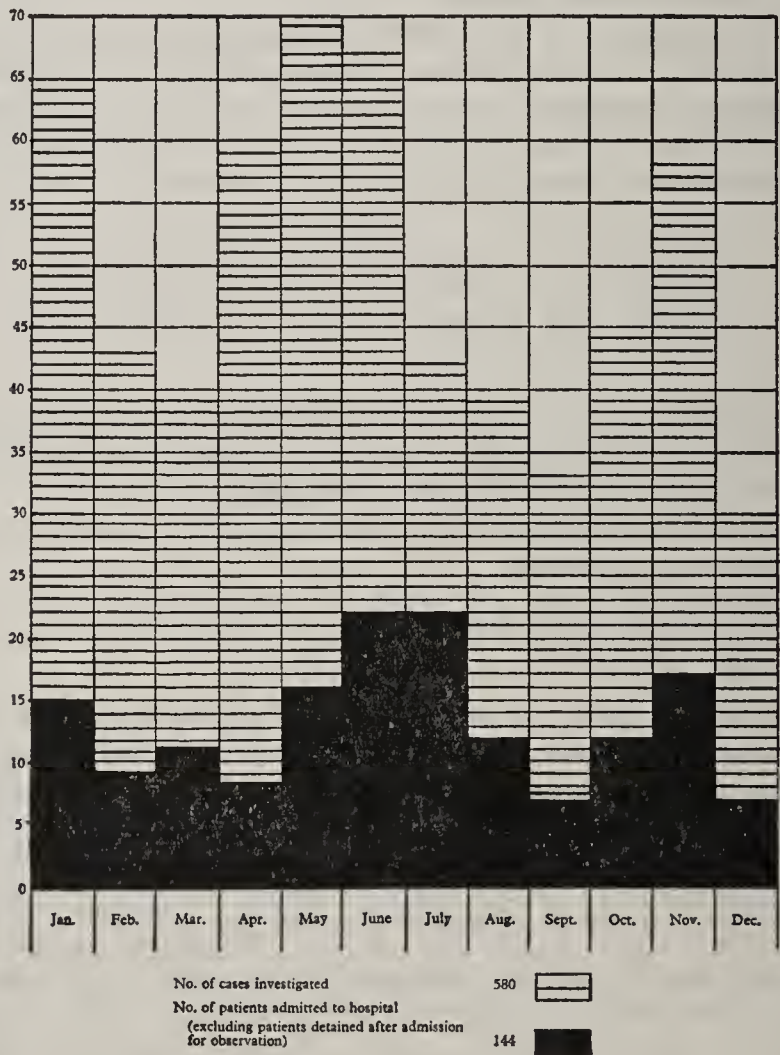
Mental Illness

Compulsory and Informal Admissions (Previous year's figures in brackets).

	Males	Females
Patients admitted to hospital, Section 29, Mental Health Act, 1959	15 ( 9 )	18 ( 9 )
Patients admitted to hospital, Section 25, Mental Health Act, 1959	24 ( 15 )	31 ( 32 )
Patients admitted to hospital, Section 26, Mental Health Act, 1959	5 ( 14 )	4 ( 6 )
Patients admitted to hospital, Section 60, Mental Health Act, 1959	- ( 1 )	- ( - )
Patients placed under Guardianship Order Section 60	1 ( - )	- ( - )
Patients admitted to hospital, Section 5, Mental Health Act, 1959	17 ( 34 )	30 ( 38 )
Patients returned to hospital after absconding Section 39/40	5 ( 8 )	6 ( 5 )
Total ...	67 ( 81 )	89 ( 90 )
Direct Admissions: By Arrangement with Patient's General Practitioners and Consultant Psychiatrists following domiciliary visits	23 ( 60 )	34 ( 59 )
Grand total ...	90 (141)	123 (149)

MENTAL ILLNESS

Cases investigated and admissions per month during 1968



Each case referred to the Mental Health Service, whether by Consultant Psychiatrist, General Practitioner, or from any other source, is investigated and every effort is made by the Mental Welfare Officers to follow the case

through; this is achieved by constant contact with the patient, family relatives and friends and by so doing a good relationship is established with all concerned.

Table 1 Number of admissions to hospital:

<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>under 16</i>		<i>over 16</i>		
1	1	59	83	144

Table 2 Number of persons referred to the Mental Health Service during the year ended 31st December, 1968.

	Mentally Ill				Subnormal				Severely Subnormal				
Referred by:	<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>
	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioners and Consultant Psychiatrists	-	1	50	83	-	-	-	2	-	-	-	-	136
Hospital — on discharge from in-patient treatment	-	-	22	58	-	-	2	2	-	-	-	-	84
Hospital — in-patient	1	1	14	19	-	-	-	-	-	-	-	-	35
Hospital — after or during out-patient or day treatment	-	-	-	2	-	-	-	-	-	-	-	-	2
Local Education Authority	-	-	1	-	2	2	1	1	-	-	-	-	7
Police and Courts	-	1	13	11	1	-	3	2	-	-	-	-	31
Other Sources	1	1	90	132	2	2	19	29	3	4	2	-	285
Total	2	4	190	305	5	4	25	36	3	4	2	-	580
Social Histories/Progress Reports	-	-	29	46	-	-	1	3	-	-	-	-	79
Total	2	4	219	351	5	4	26	39	3	4	2	-	659

## Community Care

Although hospital admissions (often difficult and sometimes dangerous) form an important part of the Mental Welfare Officer's duties, his main function is to organise care in the community for those whose mental limitations or illness call for assistance in the day to day business of living. Community care is now the method of choice in dealing with the mentally disordered. Few psychiatric hospitals retain patients longer than is absolutely necessary and consequently many people return to the community to face problems which they are incapable of solving without help. The Mental Welfare Officer is faced, therefore, with many different problems to solve including housing, employment, marital, domestic difficulties and countless others — for these reasons an officer must be a skilled worker, tactful in approach and capable of dealing with the problems he encounters.



## Home Visits

The Duty Mental Welfare Officer covers the whole of the City for emergency calls received "out of office hours". However, commencing in January, 1968, the City was divided into four areas and one Mental Welfare Officer became responsible for one particular area. The new arrangement improved liaison between General Practitioners and Health Visitors and was of considerable benefit to the patients.

An important factor in after-care is the preventive methods adopted and timely observance and intervention can usually prevent further hospital admission; these same methods also apply to those adults and children suffering from subnormality or severe subnormality. Advice is often sought from other social and voluntary agencies and liaison between these and the Mental Health Service has improved.

The number of patients receiving after-care at the end of the year was as follows:

Mentally ill (children and adults)	..	..	149
Mentally ill (elderly infirm)	..	..	26
Subnormal (children and adults)	..	..	114
Severely subnormal (children and adults)	..	..	48
			<hr/>
			337
			<hr/>
Number of home visits during 1968	..	..	4837
Number of visits to office during 1968	..	..	861

## Mental Health Week (9th to 15th June, 1968)

A "Mental Health Week" was held for the third consecutive year and the pattern of events was similar to that of previous years. The Adult and Junior Training Centres, St. Hugh's Hostel and the Social Clubs were open to the public during the week but little interest was shown by the general public. A Dance organised by the Mental Health Service staff and members of the Welcome Club was held at the Adult Training Centre, but unfortunately this received little support.

It seems clear that to hold such events annually is not achieving the results hoped for and the impact on the general public would be greater if more concentrated efforts were made say every five years.

## Social Clubs

The "Beaumont House Social Club" (for subnormal adults) and the "Welcome Club" (for mentally ill adults) continued to be well attended. The Clubs are held each week throughout the year and the demand on the time of the Mental Welfare Officers, who attend on a rota basis is very heavy. Difficulties are experienced in recruiting voluntary helpers to assist at the Club for subnormal adults and requests from members and relatives to organise additional club meetings have had to be refused.

The total attendances during the year were as follows:

"Beaumont House Social Club"	..	..	1370
"Welcome Club"	..	..	1610

## St. Hugh's Hostel

*Warden:* MR. J. H. GEERLING

*Matron:* MRS. L. GEERLING

At the beginning of 1968 there were 18 residents in the Hostel and during

the year, 14 new residents were admitted, two of whom were admitted on a short-term basis to allow their mothers to take a holiday. In the course of the year 12 men were discharged for the following reasons:

Completion of short-term care	..	..	2
Residential employment	..	..	2
Admitted to hospital	..	..	1
Obtained board/lodgings	..	..	4
Left the area	..	..	2
Returned home	..	..	1

At the end of the year there were 20 residents, 5 mentally ill and 15 mentally subnormal.

This Hostel, which was opened in August, 1965, is providing a most satisfactory form of community care. Whilst obviously not having all the amenities of a purpose-built Hostel, it is nevertheless in a central position, on a good bus route and has a large, pleasant garden. The lack of single rooms may be considered a disadvantage, but the bedrooms which are shared are not crowded, they are reasonably well furnished and are centrally heated. The facilities for recreation — two games rooms and a television room — are excellent.

During 1968, four of the residents in employment spent their annual holiday at a Holiday Camp at Skegness; they were unaccompanied and paid for the whole cost of the holiday themselves. The other residents who attend the Adult Training Centre were taken to Mablethorpe where they stayed in the chalets provided by the Lincoln Society for Mentally Handicapped Children to whom we are especially grateful.

The Deputy Matron and Assistant Warden resigned during the year, but both were replaced and no other staff difficulties were experienced.

The provision of a similar Hostel for Women is constantly under consideration, but the financial difficulties involved have not been overcome.

### Junior Training Centre

The "Beaumont House" Junior Training Centre caters for children under the age of 16 years and the "Special Care Unit", which is an extension of the Centre, accommodates severely subnormal children.

The following table shows the number of children in each class at the beginning and end of the year:

		<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Special Care Unit</i>	<i>Total</i>
No. of children attending as at 1st January, 1968	Lincoln	11	12	10	8	41
	Kesteven	2	2	3	1	8
	Total	13	14	13	9	49
No. of children attending as at 31st December, 1968	Lincoln	12	13	11	6	42
	Kesteven	1	2	3	1	7
	Total	13	15	14	7	49

*Admissions during the year ended December, 1968:*

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Transferred from St. Christopher's Diagnostic Unit	3	—	3
Transferred from the Lawn Hospital Diagnostic Unit	2	—	2
Transferred from Village School	—	1	1
Transferred from Centre in another area	—	1	1
Total	5	2	7

*Discharges during the year ended December, 1968:*

Transferred to Hospital	2	1	3
Transferred to Adult Training Centre	—	1	1
Transferred to another Authority	1	1	2
Deceased	1	—	1
Total	4	3	7

The staff of the Centre, whose main aim is to help the children to lead as full and happy a life as possible, consists of the following:

Supervisor.

Deputy Supervisor.

3 Assistant Supervisors.

2 State Registered Nurses (part-time) Special Care Unit.

### Transport

34 children were transported by two Corporation buses (accompanied by two members of the staff), 6 children from the Special Care Unit were conveyed in a specially converted ambulance; 7 Kesteven children travelled by taxi and 2 children walked to the Centre.

### Visitors

During the year the Centre was visited by Nursery Nurses, Student Nurses, Student Teachers, Child Care Students and other interested members of the public. Two students (one from the Diploma Course of Mentally Handicapped Children, Nottingham and one from the National Association for Mental Health Diploma Course, Sheffield) spent six weeks undergoing practical teaching in the Centre. Two sixth form girls from the Lincoln High School spent a fortnight in the Centre during the summer term (a continuation of a scheme started in 1966, for girls who are particularly interested in subnormal children and are given an opportunity to see for themselves the training involved for this type of career), and as a result two girls have now found employment in this type of work.

Two girls from Lincoln House, Boultham Moor Secondary Modern School, maintained their interest in the Centre, and as a result of their efforts throughout the year presented a cheque; part of this money was used in taking the children to see the "Sooty Show" at Lincoln Theatre Royal and the remainder spent on woodwork tools.

### Visits and Special Activities

Groups of children have visited the Museum, Railway Station, Supermarkets and Cafes in the City; and all the children were taken to see Father Christmas at one of the Local Stores. These visits form an important part in the training of the children and helping them to become socially acceptable in the community.



The Annual Day's outing to Mablethorpe took place on 4th July. One member of the staff, a student and voluntary helper took seven children to Mablethorpe where they spent five days in the chalets owned by the Lincoln and District Society for Mentally Handicapped children; in addition the Society also made a donation towards the upkeep of the children during these five days. This proved to be a most successful venture as it gave the staff an opportunity to study the children as a family unit.

All the children took part in the Concert and Nativity Mime, which was well attended by parents and friends on 11th December. Members of the Lincoln Theatre Company have shown a great deal of interest in the Junior Training Centre and on 18th December they attended the Christmas Party and entertained the children with excerpts from "Brer Rabbit."

Mrs. B. Searle, Supervisor, was presented with gifts from the children and staff on the occasion of her retirement in October, after twenty-two years of devoted service.

## **Adult Training Centre, Long Leys Road**

*Manager: J. RUSHFORTH*

### **Activities during 1968**

The main activities at the Centre consisted of the following:

- Contract Work.
- Making all Types of Articles for Sale.
- Firewood Cutting, Bundling and Packing.
- Car Wash and Valet Service.
- Gardening and Sale of Produce.
- Social and Physical Education.

### **Contract Work During 1968**

In early February, Wragby Plastics Ltd. commenced work on a new product and in consequence the Centre received large amounts of work which was more varied and which required more thought on the part of the trainees. This work lasted until August when it was withdrawn almost entirely and other contract work had to be sought. Work was obtained from a wholesale bulb firm and for six weeks the trainees packed and labelled a total of 96,200 catalogues thus completing another job. A further packaging contract was obtained which ended in October and from then until the end of the year the trainees worked on the much reduced contract work and on Christmas orders for articles for sale. Many firms were approached during 1968 in an effort to obtain more and varied contract work, but without success.

### **Making of Articles for Sale**

Because of the scarcity of contract work this activity developed into a major source of employment for the trainees and because of the wide diversity of articles made, it was not too repetitive and the use of power tools allowed the trainees to acquire skills under supervision. Demand for the articles made was almost trebled and this gave the continuity that contract work lacked.

The articles made were of high quality materials bought at the cheapest possible price, the profit margin being very good despite the fact that the sale price of the goods was increased to keep pace with the increasing costs

of materials. Articles made in timber showed little return due to the high price of this raw material and contract and orders for the making of crates and boxes had to be refused on that score.

Articles were only made to a customer's order and this system allowed a work programme to be worked out in advance and assured also that raw materials were sold before ordering same from the supplier. No stock is held long enough to deteriorate.

The shop window in the High Street was used for two short periods to display articles made at the Centre and once again drew great interest which resulted in orders. A permanent small window display in the centre of Lincoln would be a great asset.

Total earnings from articles made and sold to the general public, department stores and hospitals was £2,155 0s. 11d.

This excludes earnings from garden produce, firewood and car washing.

Sales of articles to Corporation departments totalled £222 15s. 5d.

### **Firewood Cutting, Bundling and Packing**

This activity was pursued throughout the entire year and kept ten male trainees permanently employed cutting and packing sticks. Orders for chopped sticks trebled after the decision was taken to pack them in polythene bags and many large shops were kept supplied on a weekly basis.

Demolition timber was bought in very cheaply and the bags were obtained at a competitive price.

The trainees enjoyed this work and derived great satisfaction from it.

Total earnings for 1968 of £354 13s. 2d. compared favourably with the 1967 total of £115 13s. 6d.

### **Car Wash and Valet Service**

Car washing was carried on in 1968 to cater for the needs of the employees of St. George's Hospital who use this service exclusively. The trainees enjoyed this work and turned out a clean car for a reasonable fee. The rather isolated position of the Centre in relation to Lincoln City was the main reason why this activity has not developed.

Total earnings from car washing totalled £36 15s. 0d.

### **Gardening and Sale of Produce**

Gardening provided employment for twelve trainees during 1968 and developed into a most important activity under the guidance of Mr. Smith. More land was required in order to carry out a programme; one allotment was rented adjacent to the Centre and was used throughout the year to grow vegetables for kitchen use. The Centre garden and greenhouse were used to grow potted plants and flowers and the sales of these totalled £195 16s. 7d.

### **Social and Physical Education**

This activity was considerably curtailed during 1968 due to the lack of instructing staff but the trainees were encouraged to make full use of the reading room and the books supplied by the Libraries Loan Service. A daily newspaper was supplied for those who wanted it.

Eight trainees attended special evening classes for reading and writing instruction at Sincil School and began to make slow progress.

Lectures and film shows on Dental Health were given regularly by Mrs. Abell of the City Dental Department; each trainee was supplied with a tooth brush and paste and taught their proper use, resulting in a marked improvement in oral hygiene in a very short time.

Greater use was made of the shower by those trainees who lacked facilities to bath at home and in the case of four trainees residing in a lodging house arrangements had to be made to have their under garments laundered.

### **Trainees' Payments**

Payments to trainees in the form of attendance payment and incentive bonus amounted to £1,543 4s. 8d.

### **Admission and Discharge of Trainees**

The number of trainees entered on the register on the 1st January, 1968 was 77 — details as below:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1968 .. ..	71	5	1	77
Admitted during year ..	38	3	1	42
Discharged during year ..	33	—	—	33
Number on register on 31st December, 1968 .. ..	76	8	2	86

### **Reason for Admission**

Request of Mental Welfare Officer .. ..	24
Unemployed .. ..	7
Request of parent or guardian .. ..	8
Request of other authorities .. ..	3

### **Reason for Discharge**

Left for employment .. ..	10
Unco-operative or unsuitable .. ..	1
Left the district .. ..	1
Entered hospital .. ..	6
Parent or guardians request .. ..	4
Own accord .. ..	1
Request of Mental Welfare Officer .. ..	9
Deceased .. ..	1

### **Transport**

Two buses transport the trainees to and from the Centre daily. 2 trainees were transported by the Ambulance Service. 6 trainees resident in the Kesteven area were transported by taxi. 2 trainees in the Lindsey area made their own arrangements.

### **Remarks**

Visits to the Centre by individuals and organised groups were very frequent throughout the year and parties of students from St. George's Hospital, St. John's Hospital, Harmston Hospital and Bishop Grosseteste College saw the Centre and its work.



Students from the Adult Education Centre stayed and worked with the trainees as part of their training programme and found the experience invaluable.

An official employed by the Ministry of Labour visited the Centre once weekly and interviewed those trainees who were seeking employment, gave advice and in general encouraged them.

An open day was held again this year which attracted a very sparse attendance on the part of the general public, despite advertisements published in the local paper. This was disappointing.

During 1968 the Centre was designated as a factory for the purpose of the Factories Acts following a visit by an inspector and certain recommendations were made and acted upon. Certificates for fire escapes, etc., were applied for and granted.

The Centre was also licensed under the Public Health Acts Amendment Act 1890 to allow entertainment, dances, etc. and several dances were held by the "Welcome Club".

A float was entered by the Centre in the carnival sponsored by the Junior Chamber of Commerce in aid of the Mentally Handicapped Society on 4th May and though it did not win a prize it looked very well in the procession.

A Christmas party given for the trainees wound up a very successful year in which progress was maintained throughout.

The total income of £3,615 6s. 6d. in 1968 compared with £2,761 17s. 3d. in 1967 gives indication of this and was a source of satisfaction to us all.

## CONTROL OF INFECTIOUS DISEASES

### Notifiable Infectious Diseases

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1964	1965	1966	1967	1968
Diphtheria .. ..	—	—	—	—	—
Scarlet Fever .. ..	33	69	19	12	23
*Erysipelas .. ..	3	2	—	—	2
*Puerperal Pyrexia .. ..	3	2	—	—	2
Ophthalmia Neonatorum .. ..	1	—	—	—	—
Measles .. ..	1049	461	758	262	813
Whooping Cough .. ..	129	2	1	38	11
Typhoid Fever .. ..	—	—	—	—	—
Para-Typhoid Fever .. ..	—	1	—	—	—
Dysentery .. ..	2	79	33	31	6
Food Poisoning .. ..	10	2	1	1	6
*Pneumonia .. ..	6	—	2	1	—
Acute Meningitis .. ..	—	—	—	—	4
Acute Poliomyelitis:					
Paralytic .. ..	—	—	—	—	—
Non-Paralytic .. ..	—	—	—	—	—

*\*Ceased to be notifiable from 1st October, 1968.*

	1964	1965	1966	1967	1968
Acute Encephalitis .. ..	—	—	—	—	—
Malaria .. ..	—	—	—	—	—
Smallpox .. ..	—	—	—	—	—
Tuberculosis:					
Pulmonary .. ..	23	18	11	9	7
Non-Pulmonary .. ..	1	4	2	2	1
†Infective Hepatitis ..	—	—	—	—	404

†Notifiable from 15th February, 1968.

### Diphtheria

No case of Diphtheria occurred in the City during 1968, the last notification being in 1950.

### Scarlet Fever

23 cases of Scarlet Fever were notified during the year, a slight increase on the previous year. All the children affected were under 10 year of age, 16 being of school age. All notified cases of Scarlet Fever are visited by a Public Health Inspector and, if of school age, are excluded from School until certified to be free from infection by the family doctor.

### Erysipelas

2 cases of Erysipelas were notified in 1968. Under the Health Services and Public Health Act, 1968 Erysipelas ceased to be a notifiable disease as from 1st October, 1968.

### Pueperal Pyrexia

2 cases of Pueperal Pyrexia were notified during the year, one case occurred in the Bromhead Maternity Home and one in the Lincoln Maternity Home. Under the Health Services and Public Health Act, 1968, Pueperal Pyrexia ceased to be a notifiable disease as from 1st October, 1968.

### Measles

813 cases of Measles were notified during the year compared with 262 cases in 1967. The number of notifications received had started to increase at the latter end of 1967 and it was expected that the disease would occur in epidemic form in 1968. Most of the cases occurred in the first six months of the year. Vaccination against Measles became generally available in May, but it should not be inferred that the sharp fall in the numbers of cases notified in the last six months of the year was due solely to vaccination. It has been noted in previous epidemics that after reaching a peak there has been a rapid decline in the number of cases and, whilst it is probable that many of the children vaccinated against Measles would otherwise have contracted the disease, it will not be possible fully to evaluate the efficacy of vaccination until many more children have been vaccinated and the future incidence of the disease has been studied. In the past, Measles has tended to occur in epidemic form every two years and the next epidemic normally would be expected to start in Lincoln towards the end of 1969. If there is no epidemic it will be an indication that vaccination against Measles is proving effective.

### Whooping Cough

Only 11 cases of Whooping Cough were notified during 1968, a welcome drop from the 38 cases of the previous year, 4 of the cases were of school age, the remainder were of pre-school age. In only one case had the child undergone a complete course (4 injections) of immunisation, 4 children had had 3

injections and the remainder, of whom 4 were aged 1 year or under, had not been immunised.

### **Dysentery**

6 cases of Dysentery were notified during the year, the lowest number since 1964 (2 cases). As it has been previously remarked, the number of notifications received is not always a true indication of the incidence of Dysentery in the City. Frequently more reliable information is obtained from Head Teachers of schools, with regard to unusual numbers of absentees and, from this aspect, 1968 was a particularly good year. The outbreak of Dysentery at the Day Nursery at the end of 1967 was quickly brought under control and all of the children were readmitted early in January, 1968. No further trouble was experienced at the nursery during the year.

### **Food Poisoning**

6 cases of Food Poisoning were notified during 1968, but only one case was confirmed by the Public Health Laboratory. The patient was a 20 year old woman and the infecting organism was *Salmonella enteritidis*. The source of infection could not be traced.

### **Pneumonia**

No notification was received during the year and, under the Health Services and Public Health Act, 1968 Pneumonia ceased to be a notifiable disease as from 1st October, 1968.

### **Poliomyelitis**

No case of Poliomyelitis was notified during 1968.

### **Meningococcal Infection**

One case of Meningococcal Infection was notified in 1968, a 2 month old girl. Under the Health Services and Public Health Act 1968 Meningococcal Infection ceased to be notifiable, as such, as from 1st October, 1968.

### **Acute Meningitis**

This disease became notifiable as from 1st October, 1968, under the Health Services and Public Health Act, 1968. Three cases from the City were notified, all were patients in St. George's Hospital and included a man of 26 years and his 6 year old child.

### **Infective Hepatitis**

During 1967 it had become apparent that a number of cases of Infective Hepatitis were occurring in the City, particularly among school children, the disease was not notifiable at this time and it was, therefore, difficult to form a reliable estimate of its prevalence. In the Lindsey County area, where the disease was notifiable, Infective Hepatitis was widespread. In order to obtain more information with regard to the incidence, spread, effects and duration of the disease it was decided to request the Minister of Health to approve an order made under Section 147 of the Public Health Act 1936, the effect of which was to make Infective Hepatitis a notifiable disease in Lincoln with effect from 15th February, 1968.

Until the order became effective General Practitioners were asked to inform the Department of cases on an informal basis from the 1st January. Under the Health Services and Public Health Act, 1968 Infective Hepatitis was made a notifiable disease generally from 1st October, 1968.



404 cases were notified during the year, including informal notifications received before 15th February.

The following table shows the distribution of the disease by age groups.

Years of Age											
1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 or over
1	3	7	12	133	119	44	17	28	28	11	1

### Acute Rheumatism Regulations 1953 to 1959

Under the Health Services and Public Health Act, 1968 Acute Rheumatism ceased to be notifiable as from 1st October, 1968.

No case of Acute Rheumatism has been notified since 1964.

## TUBERCULOSIS

### Notifications

The number of notifications received during the year was 8 (7 pulmonary and 1 non-pulmonary), compared with 11 (9 pulmonary and 2 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

				0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY										
Males	...	...	...	—	—	1	1	1	—	3
Females	...	...	...	—	—	1	2	1	—	4
				—	—	2	3	2	—	7
MENINGES AND C.N.S.										
Males	...	...	...	—	—	—	—	—	—	—
Females	...	...	...	—	—	—	—	—	—	—
				—	—	—	—	—	—	—
OTHER FORMS										
Males	...	...	...	—	—	—	—	—	—	—
Females	...	...	...	—	—	—	—	1	—	1
				—	—	—	—	1	—	1

The table below shows that the incidence of Tuberculosis has been decreasing steadily for many years and, in fact, the number of notifications received during 1968 was the lowest recorded. Eight new cases were notified in 1968 and four persons died from the disease. It would therefore seem reasonable to forecast the total disappearance of this disease in the foreseeable future.

### Deaths from Tuberculosis

Four deaths occurred during 1968 due to Pulmonary Tuberculosis; two males aged 52 and 55 years and two females aged 66 and 78 years.

### Summary of Notifications and Deaths over last 10 years

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Notifications ...	52	39	38	47	23	24	22	13	11	8
Deaths ...	8	3	3	6	4	4	4	2	3	4

## VENEREAL DISEASES

The Venereal Diseases clinic is held at "Lindum Lodge", Sewell Road, Lincoln.

During 1968, 136 Lincoln patients attended for the first time. Of these 33 were found to be suffering from Gonorrhoea, 2 from Syphilis and 101 from other venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1964	..	..	..	1	27	28
1965	..	..	..	1	23	24
1966	..	..	..	5	18	23
1967	..	..	..	1	38	39
1968	..	..	..	2	33	35

I feel it is important to give separate figures for the sexes and for the year 1968, these were as follows:

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..	..	2	-	2
Gonorrhoea	..	..	..	23	10	33

The number of cases of Gonorrhoea (33) is slightly fewer than in 1967, when there were 38 cases, the highest in Lincoln since 1947.

No contact tracing was undertaken by the Health Department staff.

## WATER

I am indebted to Mr. R. Douse, Engineer and Manager, Lincoln and District Water Board for the following brief report on the City's water supply:

"Weekly bacteriological examinations of raw water taken from the Pumping Stations have retained their usual satisfactory standard.

Regular chemical analyses of water have been made and these show very little variation from previous years.

Chlorination of the water supply has been maintained as a prophylactic measure and additional treatment has not been found necessary."

I am pleased to record that on 15th October, 1968, the City Council agreed to fluoridation of the Public Water Supply reversing their decision when, on three occasions, the Health Committee's recommendation in favour of fluoridation was rejected.

The Kesteven, Lindsey and Nottinghamshire County Councils are, of course, also involved in any scheme involving fluoridation of water supplied by the Lincoln and District Water Board and all these Authorities are in favour of the measure. Negotiations with the Water Board were instituted and it is hoped that arrangements for increasing the fluoride content of the water to 1 part per million will be completed during 1969.

Details of the natural occurring Fluoride content in Lincoln water supply are given below:

<i>Date of Analysis</i>	<i>Fluoride as Fluorine parts per million</i>
January, 1968	0.10
March, 1968	0.06
May, 1968	0.11
September, 1968	0.11

## REGISTRATION OF NURSING HOMES

Homes first registered during the year	..	-
Homes whose registrations were withdrawn		-
Homes on the register at end of year..	..	3
Number of beds provided		
Maternity	.. .. .	7
Others	.. .. .	40

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

The Conduct of Nursing Homes Regulations, 1963, came into operation in August, 1963 and under these Regulations, three Homes in Lincoln are registerable, viz:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Quarry Maternity Home for Unmarried Mothers, Wragby Road.

## SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

Action under this Section was contemplated during the year in the case of a woman of 39 years, living in filthy conditions, who refused to be admitted to hospital for treatment. Circumstances changed unexpectedly, however, and with the co-operation of the general practitioner, district nurse, relatives and home help arrangements were made for the house to be cleaned and for the woman to receive treatment at home.

There is always a certain amount of reluctance in applying for an Order for removal of an elderly person from his/her home surroundings. However, experience has shown that almost invariably the persons removed quickly settle down in their new environment and are, in fact, appreciative of the action taken. Rarely is it necessary to renew the Order.

## HOUSING

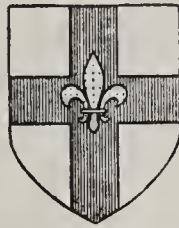
The total number of houses erected in the City was:

	1967	1968
(a) By the Local Authority	150	92
(b) By private enterprise	54	103
Total	204	195





CITY AND COUNTY  
BOROUGH OF LINCOLN



# ANNUAL REPORT

FOR THE YEAR

1968

BY

J. JONES, M.R.S.H., M.A.P.H.I.  
*Chief Public Health Inspector*

The Right Worshipful the Mayor,  
Aldermen and Councillors of the  
City and County Borough of Lincoln.

*August, 1969.*

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the Public Health Inspectors during the year 1968.

There was only one staff change, Mr. Smith the meat inspector at the abattoir left us in October to take up an appointment in Uganda, and at the end of the year his position was still vacant.

Two hundred and sixty-nine houses were represented during the year. There were mainly in clearance areas, of which the largest was the Cannon Street area. This will be the most comprehensive area of clearance undertaken by the Corporation since Great Northern Terrace; and should allow for interesting redevelopment which will link up very well with the new housing on the former Stamp End clearance areas, and with the Avondale Street to Devon Street improvement area. When completed, this scheme should be a textbook example of how slum clearance, redevelopment, and housing improvements can go hand in hand to revitalise substantial parts of towns and cities which otherwise could so easily in the course of a very few years slip gradually down hill, and become — to use the phrase currently fashionable in housing circles — “twilight areas.”

After five years of having to state “no progress” with smoke control, I am pleased to be able to say that a start, albeit a modest one, has been made in this field. A recommendation of the Health Committee to make the Harts-holme area (775 houses) smoke controlled, was accepted by the City Council, and at the end of the year the order was at the Ministry awaiting confirmation. Also the sum of £2,000 a year has been allocated to smoke control in the capital programme for the next seven years and whilst this sum is comparatively small, it will enable us to make some progress, and perhaps if the financial position becomes easier in future years, to hope for more resources to be made available for this important public health measure. It is many years since we realised the folly of polluting our watercourses with sewage and our streets with refuse and as a consequence diseases such as typhoid, once so common, have become extremely rare. We are now already beginning to learn the folly of polluting our atmosphere, and perhaps it is not too much to hope that in time, as a consequence of this, diseases such as chronic bronchitis (which killed 32,000 people this year) will also become rare.

The sudden growth in the number of coin and automatic dry cleaning establishments has been a feature of 1968. This has caused quite a lot of work to the department as this industry uses chemicals which could be very dangerous unless the conditions under which they are used are carefully regulated. The fact that not a few of these establishments are fully automatic and not staffed makes it essential that at the plans stage adequate safeguards as regards ventilation and the disposal of fumes and chemicals are incorporated in the proposals. Fortunately, we have normally encountered a responsible attitude on the part of the trade, and the various problems which can arise have been solved by mutual agreement. If these plants are properly maintained and operated, there is no danger to the public provided that people obey the instructions which are usually conspicuously displayed drawing attention to the necessity of well airing garments, etc., before using them, and to the possible hazards of taking them immediately after cleaning into enclosed spaces such as cars, without seeing that the car windows are open.



It will be noted in the body of the report that fifty-nine visits were paid in respect of complaints of nuisance from noise. Since the coming into force of the Noise Abatement Act, 1960, the number of complaints has continued to grow year by year. I do not think that this necessarily means that the amount of noise has increased — apart from traffic, and aircraft noise which cannot be dealt with under the Act — but it does mean that people are becoming more aware that they need not tolerate excessive noise without expecting those in authority to at least attempt to do something about it. Complaints have ranged from noise nuisance from beat groups to noise from industrial machinery. While it has not always been possible to achieve one hundred per cent success in abating all these complaints — for example it seems impossible to run some industrial processes without creating a considerable amount of noise — we have generally succeeded in reducing the noise to more tolerable limits. The investigation of industrial noise can be a highly technical and involved matter, and courses such as the one that was run at the Lincoln Technical College during the year, and attended by most of the Public Health Inspectors have an essential part to play in this field.

In conclusion, I would like to pay tribute to the loyal help I have had from all the staff and to the co-operation I have received from the staffs of other Corporation Departments.

I would also like to thank the Medical Officer of Health and the Chairman and members of both the Health and Housing Committees for the support they have given to myself and to the Public Health Inspectors.

J. JONES,  
*Chief Public Health Inspector.*

## PUBLIC HEALTH INSPECTION OF THE AREA

The Public Health Inspectors section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:

Agricultural Produce (Grading and Marking) Act, 1928.  
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956  
 Caravan Sites and Control of Development Act, 1960  
 Clean Air Act, 1956  
 Factories Act, 1961  
 Fertilisers and Feeding Stuffs Act, 1926  
 Food and Drugs Act, 1955  
 Merchandise Marks Acts, 1887 to 1953  
 Noise Abatement Act, 1960  
 Offices, Shops and Railway Premises Act, 1963.  
 Pet Animals Act, 1951  
 Prevention of Damage by Pests Act, 1949  
 Rag Flock and Other Filling Materials Act, 1951  
 Rent Act, 1957  
 Shops Act, 1950  
 Slaughterhouses Act, 1958  
 Slaughter of Animals Act, 1958

### General Inspections

*No. of visits*

#### DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	1166
Disinfections carried out	..	..	..	..	..	4
Housing Act, 1957 — inspections	..	..	..	..	..	1714
Disinfestation	..	..	..	..	..	387
Treatments carried out	..	..	..	..	..	175
Water Supply	..	..	..	..	..	22
References to Water Board	..	..	..	..	..	17
Improvement Grants	..	..	..	..	..	135
Dangerous structures, references to City Engineer	..	..	..	..	..	15
Rent Act	..	..	..	..	..	5
Infectious diseases — enquiries	..	..	..	..	..	478
— re specimens	..	..	..	..	..	303
Dustbins	..	..	..	..	..	83
House in multiple occupation	..	..	..	..	..	14
Overcrowding	..	..	..	..	..	20
Accumulations	..	..	..	..	..	201

#### DRAINAGE

No. of visits	..	..	..	..	..	1115
References to City Engineer	..	..	..	..	..	108

#### OTHER PREMISES

Factories — Mechanical	..	..	..	..	..	110
Non-Mechanical	..	..	..	..	..	2
Building and Engineering works	..	..	..	..	..	5
Caravan sites	..	..	..	..	..	11
Moveable dwellings	..	..	..	..	..	9

								<i>No. of visits</i>
Hairdressers	..	..	..	..	..	..	..	37
Interviews	..	..	..	..	..	..	..	898
Offensive trades	..	..	..	..	..	..	..	2
Offices, Shops and Railway Premises Act	..	..	..	..	..	..	..	643
Pet animal shops	..	..	..	..	..	..	..	23
Plots of waste land	..	..	..	..	..	..	..	100
Rodents and other pests	..	..	..	..	..	..	..	126
Public conveniences	..	..	..	..	..	..	..	8
Schools	..	..	..	..	..	..	..	13
Swimming Baths	..	..	..	..	..	..	..	178
Swine, fowls and other animals	..	..	..	..	..	..	..	110
Places of public entertainment	..	..	..	..	..	..	..	9
Unclassified	..	..	..	..	..	..	..	838
<b>ATMOSPHERIC POLLUTION</b>								
No. of observations	..	..	..	..	..	..	..	43
Visits to boiler houses	..	..	..	..	..	..	..	15
Visits to atmospheric pollution stations	..	..	..	..	..	..	..	899
Other visits	..	..	..	..	..	..	..	73
<b>SMOKE CONTROL AREAS</b>								
Survey visits	..	..	..	..	..	..	..	54
Contravention visits	..	..	..	..	..	..	..	71
<b>MISCELLANEOUS</b>								
Gas —	..	..	..	..	..	..	..	9
„ — references to Gas Board	..	..	..	..	..	..	..	6
Noise abatement	..	..	..	..	..	..	..	59
<b>UNFIT DWELLINGHOUSES</b>								
No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957	..	..	..	..	..	..	..	1010
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	..	..	..	269
No. of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	..	..	..	..	..	..	..	134
<b>REMEDY OF DEFECTS</b>								
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	..	..	..	..	..	..	..	73
<b>Works carried out by service of Statutory or Informal Notice</b>								
<b>HOUSES</b>								
Repairs to:								
Roofs	..	..	..	..	..	..	..	33
Spouts	..	..	..	..	..	..	..	40
External walls	..	..	..	..	..	..	..	28
Chimneys	..	..	..	..	..	..	..	15



Internal wall and ceiling plaster	..	..	..	..	46
Damp walls	..	..	..	..	29
Doors	..	..	..	..	24
Windows	..	..	..	..	34
Floors	..	..	..	..	25
Fireplaces	..	..	..	..	10
Staircases	..	..	..	..	3
Sinks and wastepipes	..	..	..	..	2
Yard or passage paving	..	..	..	..	2

**DRAINAGE**

No. of drains tested	..	..	..	..	..	54
No. of drains cleared	..	..	..	..	..	246

**WATERCLOSETS**

Repaired	..	..	..	..	..	..	28
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**Offensive Trades**

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealer	..	..	..	..	..	..	1
Tripe Boiler	..	..	..	..	..	..	1

The trades were carried on in conformity with the byelaws.

**Provision of Dustbins to Private Premises**

Since 1953 the Council have operated Section 75(3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided.

During the year 37 dustbins were provided and 62 were renewed.

In all 2,893 premises have now been provided with dustbins by the Council.

**Housing Act, 1957 and Public Health Acts****INFORMAL AND STATUTORY NOTICES SERVED**

Informal Notices outstanding December, 1967	..	..	56
Informal Notices served 1968	..	..	92
Informal Notices complied with 1968	..	..	93
Informal Notices outstanding December, 1968	..	..	55
Statutory Notices outstanding December, 1967	..	..	6
Statutory Notices served 1968	..	..	27
Statutory Notices complied with 1968	..	..	20
Statutory Notices outstanding December, 1968	..	..	13
No. of complaints received and recorded at the Health Department	..	..	617

**Local Land Charges**

1,587 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

### Clearance Areas, Demolition and/or Closing Orders

No. of demolition orders made .. .. .	5
No. of closing orders made .. .. .	7
No. of buildings closed .. .. .	4
No. of houses included in Clearance Areas demolished ..	176
No. of houses represented in Clearance Areas ..	257
No. of Clearance Areas represented .. .. .	3

### Rent Act, 1957

There were no applications for Certificates of Disrepair. One application for cancellation of a Certificate was refused.

### Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs .. .. .	7
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners .. .. .	7
(b) by local authority .. .. .	2
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied .. ..	41
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners .. .. .	8
(b) by local authority .. .. .	3

### Fertilisers and Feeding Stuffs Act, 1926

Twenty-five samples were taken under the provisions of the above Act. They consisted of 11 formal samples of Feeding Stuffs and 14 of Fertilisers. All were satisfactory.

### Agricultural Produce (Grading and Marking) Act, 1928

Appropriate steps were taken to acquaint shopkeepers and market traders with the requirements of the above Act during visits to their premises.

### Merchandise Marks Acts, 1887 to 1953

This will be the last time that this heading will appear in my annual report, as these Acts were repealed by the Trades Description Act, 1968, which came into force on November 30th. Whilst the enforcement of this Act is largely undertaken by the Weights and Measures inspectorate, as far as foodstuffs are concerned this is still a public health matter and all the public health inspectors have been duly authorised under the Act so that they can continue to perform the same duties under the new legislation as they did under the old.

A constant check is made on shopkeepers and stallholders to see that the Act is complied with and during the year 2,054 visits were made for this purpose.

### Rag, Flock and other Filling Materials Act, 1951

Five premises are registered under the Above Act. During the year 6 samples of filling materials were submitted for examination. All the samples complied with the requirements of the Regulations.

### **Pet Animals Act, 1951**

During the year six pet animal shops were licensed after an inspection in each case to see that the premises complied with the Act, and further routine inspections were carried out in the course of the year.

### **Agriculture (Safety, Health and Welfare Provisions) Act, 1956**

No action was found necessary during the year.

### **Caravan Sites and Control of Development Act, 1960**

There is only one registered site in the City and this is maintained in a satisfactory manner. Some complaints have been received from time to time of alleged smoke nuisance from those caravans immediately adjoining houses adjacent to the site. The root cause of this is that the caravans are at such a low height in relation to the houses that when the wind is in certain directions, there can be a smoke nuisance to the yards and ground floor roofs of the adjoining houses. The only practical answer to this problem is the use of some smokeless form of heating in the caravans, and as the site licence was due for renewal in 1968, opportunity was taken to write such a requirement into the site conditions.

A certain amount of unauthorised camping, mainly by gipsies and similar people, does take place. This is largely confined to the woods on the southern approaches to Lincoln, and whilst it does give rise to potential public health problems, has up to now been generally well away from inhabited parts of the City. The Caravan Sites Act, 1968 which is to be brought into force by statutory instrument at some time in the future lays a duty on County Boroughs to provide suitable sites for these people and I am of the opinion that this will have to be done in Lincoln in the future, as this seems to be the only practical solution to the problem.

### **Swimming Baths**

The four swimming baths attached to schools and the open air public bath have been visited regularly while in use and the water tested for the presence of free chlorine.

During the year the bath at Westgate School was covered with a new type of fibre glass structure which received national publicity and evoked interest in other authorities. This bath now provides facilities for swimming in winter which are much appreciated and were previously only able to be enjoyed at South Park High School.

A total of 257 samples of swimming bath water were submitted to the Public Health Laboratory for bacteriological examination. The samples were satisfactory.

### **Shops Act, 1950**

Since the coming into force of the Offices, Shops and Railway Premises Act, 1963, this Act is solely concerned with such matters as days and hours of opening and employment of young persons. In the course of the year 154 visits were made to shop premises under the Act.

### **The Offices, Shops and Railway Premises Act, 1963**

Responsibility for the enforcement of the Act is divided between the Local Authority and Her Majesty's Inspector of Factories. The Local Authority deals with shops and offices other than those situated in the curtilage of factories and those in the occupation of local authorities or the Crown.



The total number of registered premises has remained constant at a little over 1,000 premises. 643 visits were made to registered premises more than half of the visits being for the purpose of a full and detailed inspection.

Employers continued to co-operate in complying with our requests and it was only found necessary to write to 44 occupiers calling their attention to the requirements of the Act. Revisits to premises revealed that a further 68 occupiers had brought their premises up to the required standard.

There still remain a number of substandard and obsolete premises, but redevelopment, particularly in the city centre, is resulting in the removal from the register of many of the older type of unsatisfactory premises.

It may be of interest to list the main types of contraventions found by numbers of premises.

Unsatisfactory sanitary accommodation	..	..	..	..	16
Unsatisfactory washing facilities	..	..	..	..	8
Lack of first aid equipment	..	..	..	..	12
Potentially dangerous floors, passages and stairs	..	..	..	..	37
Lack of cleanliness	..	..	..	..	21
Inadequate heating	..	..	..	..	22
Inadequate lighting	..	..	..	..	6

26 accidents were notified during the year, which is the same number as in the previous year. This figure must represent only a proportion of the actual number of notifiable accidents that occur. It is significant that the majority of accident notifications are sent in by a comparatively small number of firms, whilst from many others where standards are known to be lower, few if any notifications are ever received.

The handling of goods continues to be the main cause of accidents, closely followed by the use of hand tools, particularly butchers equipment.

### **Clean Air Act, 1956**

Measurement of smoke and sulphur dioxide continued to be made with the five volumetric instruments, the results being sent each month to the Ministry of Technology. The figures are set out below, and over the City as a whole are very similar to those of the previous year. As I stated in my last report only by a vigorous policy of smoke control can we hope for any further substantial reduction in atmospheric pollution.

Some progress was made in this direction during the year when a resolution was passed by the City Council making the Hartsholme Estate Lincoln's second smoke control area. This has received Ministry approval, and will come into force in September, 1969. It will bring a further 775 houses and 101 acres under smoke control, to add to the 1,500 houses and 1,389 acres of the existing Birchwood area. A sum of £2,000 has been included in the capital estimates programme for each of the next seven years and it is to be hoped that this amount of money, modest though it is, will enable some steady progress to be maintained for the next few years.

### **Industrial Smoke**

With a very few exceptions, this is not a great problem, and the department continues to receive good co-operation from local industry.

Details of 21 new installations were notified, and prior approval was given in 14 cases.

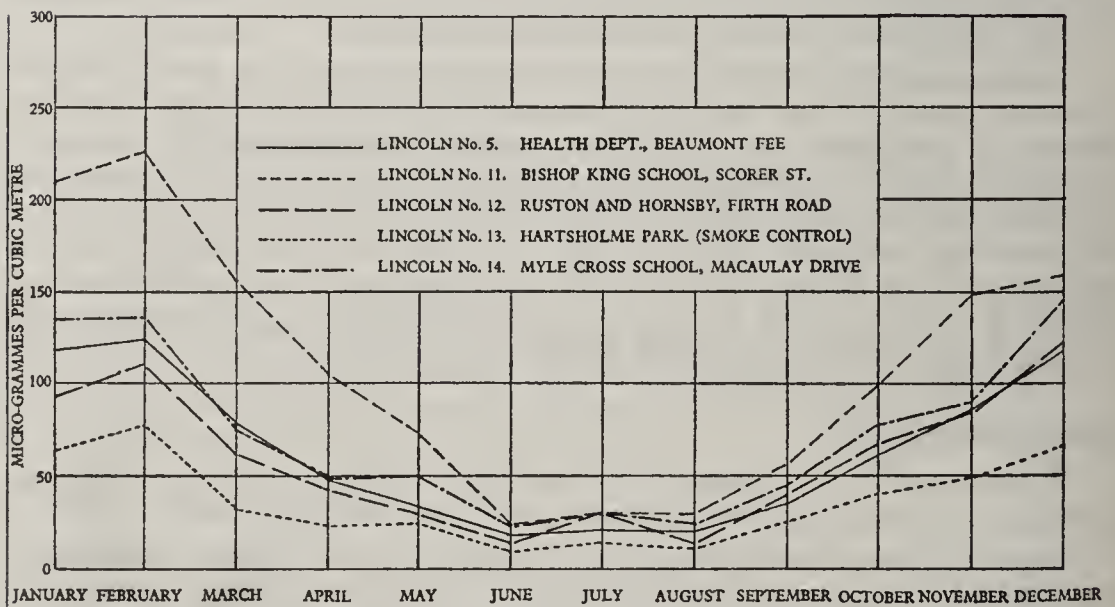
19 chimney heights were notified and approved.

# SMOKE CONCENTRATION

*Microgrammes per cubic metre*

<i>Month</i>				<i>Station Number</i>				
				5	11	12	13	14
January	..	..		117	208	92	62	133
February	..	..		122	225	110	76	135
March	..	..		78	155	61	32	74
April	..	..	..	47	104	43	22	48
May	..	..	..	34	72	30	24	50
June	..	..	..	17	23	19	10	23
July	..	..	..	21	34	30	14	29
August	..	..		19	30	18	11	23
September	..	..		35	55	39	24	44
October	..	..		61	97	66	41	76
November	..	..		86	148	83	49	89
December	..	..		117	158	121	65	144

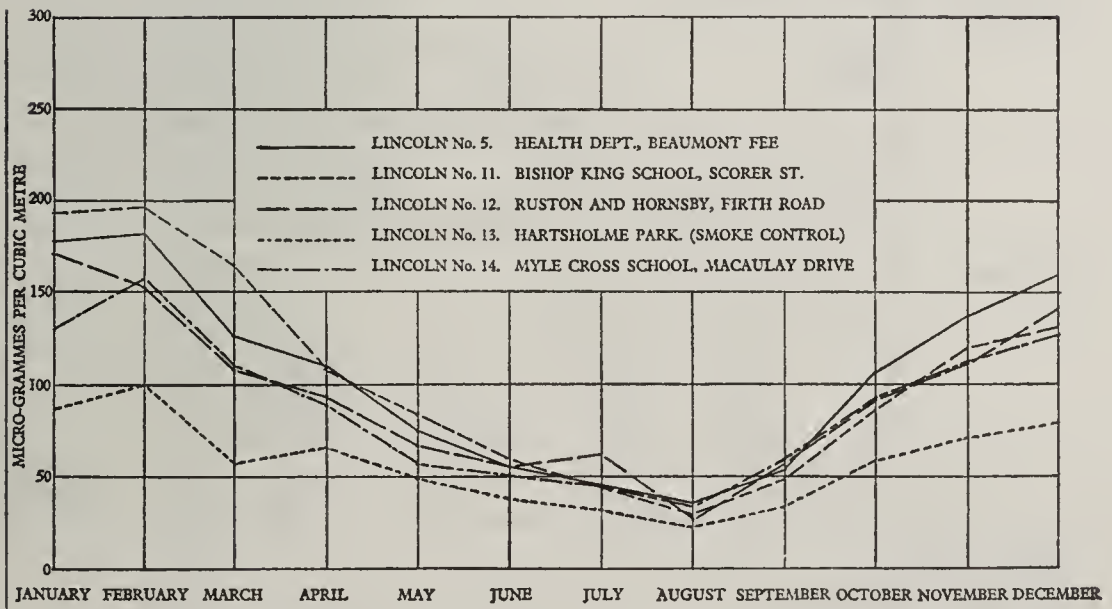
## SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



**SO<sub>2</sub> CONCENTRATION***Microgrammes per cubic metre*

<i>Month</i>			<i>Station Number</i>				
			5	11	12	13	14
January	..	..	177	193	169	87	129
February	..	..	181	196	152	100	157
March	..	..	125	164	107	56	111
April	..	..	110	108	94	65	88
May	..	..	74	84	66	49	56
June	..	..	55	59	59	37	50
July	..	..	47	45	62	31	44
August	..	..	36	39	32	22	38
September	..	..	53	48	56	33	58
October	..	..	106	86	90	59	90
November	..	..	136	118	110	70	111
December	..	..	158	130	140	79	126

**SULPHUR DIOXIDE RESULTS**  
**SHOWING MONTHLY CONCENTRATIONS**





# FACTORIES ACT, 1961

## Part I of the Act

### INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	14	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	265	110	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	9	5	—	—
TOTAL ... ..	288	117	2	—

### CASES IN WHICH DEFECTS WERE FOUND:

Particulars	Found	Number of cases in which defects were found			Number of cases in which prosecutions were instituted
		Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient ...	—	1	—	1	—
Unsuitable or defective ...	2	15	—	—	—
Not separate for sexes ...	—	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
TOTAL ...	2	17	—	1	—

## Part VIII of the Act—(Sections 110 and 111)

### OUTWORK:

Nature of Work	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel Making, etc.	6	—	—	—	—	—
Curtains & Furniture Hangings	3	—	—	—	—	—

**Prevention of Damage by Pests Act, 1949 (Copy of Return sent to Ministry of Agriculture, Fisheries and Food)**

Properties other than Sewers	Type of Property	
	Non Agricultural	Agricultural
1. Number of properties in district ..	32,409	45
2. (a) Total number of properties (including nearby premises) inspected following notification .. ..	578	—
(b) Number infested by (i) Rats ..	491	—
(ii) Mice ..	57	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	8,017	—
(b) Number infested by (i) Rats ..	17	—
(ii) Mice ..	3	—
<b>Sewers</b>		
4. Were any sewers infested by rats during the year? .. .. .	Yes	

**FOOD AND DRUGS ACT, 1955**

**Inspections of Food Premises**

Bakehouses .. .. .	39
Bakers & Confectioners .. .. .	27
Butchers .. .. .	155
Cafes .. .. .	133
Canteens — Factory .. .. .	10
School .. .. .	82
Chemists .. .. .	13
Dairies .. .. .	223
Delivery Vehicles .. .. .	3
Fish Shops (Wet) .. .. .	36
Fish Shops (Fried) .. .. .	61
Food Factories .. .. .	20
Food Inspections other than meat .. .. .	16769
Greengrocers .. .. .	76
Grocers and General Provisions .. .. .	485
Hotel Kitchens .. .. .	26
Ice Cream Shops .. .. .	204
Licensed Premises .. .. .	94
Markets .. .. .	77
Meat Vans .. .. .	174
Milk Shops .. .. .	116
Mobile Shops .. .. .	71
Poultry Processing .. .. .	262
Slaughterhouses — Public .. .. .	639
Private .. .. .	875
Snack Bars .. .. .	58
Social clubs .. .. .	17
Stalls .. .. .	1729
Sweet Shops .. .. .	38
Wholesale warehouses .. .. .	141

## Food Poisoning

Food poisoning and suspected food poisoning investigations .. .. .	40
Clinical specimens submitted for bacteriological examination .. .. .	43

## Food Hygiene Regulations, 1960

The number of food premises in the City by type of business is as follows:

Bakers and Pastrycooks .. .. .	17
Confectioners .. .. .	101
Butchers .. .. .	77
Fishmongers .. .. .	11
Fried Fish Shops .. .. .	41
Chemists and Drug Stores .. .. .	25
Cafes, Restaurants and Snack Bars .. .. .	44
Public Houses .. .. .	87
Hotels .. .. .	12
Wine and Spirit Merchants .. .. .	40
Greengrocers and Fruiterers .. .. .	53
General Grocers .. .. .	205

As a result of continued routine inspection of food premises in the City the following improvements were made:—

Food rooms cleaned and redecorated .. .. .	20
Walls and ceilings replastered .. .. .	4
Roofing repairs .. .. .	2
Equipment cleaned or renewed .. .. .	7
Protection of food from risk of contamination	3
Hot water provided .. .. .	5
Complete hand washing facilities provided .. .. .	5
Intervening ventilated space provided .. .. .	1
Sanitary convenience provided .. .. .	1
Ventilation improved .. .. .	3
Sinks provided or renewed .. .. .	8
Floors repaired .. .. .	2
First aid equipment provided .. .. .	2

Courses for food handlers are given by the public health inspectors at the Lincoln College of Technology. These consist of general instruction in clean and safe food handling but the syllabus is so designed that students can, if they wish, take the examination in food hygiene and the handling of food of the Royal Institute of Public Health and Hygiene. In addition short courses, talks and film shows have been given to personnel employed in food businesses, and to other interested organisations.



## Food Samples

256 samples of food and drugs were procured and submitted to the Public Analyst who certified 244 samples genuine and 12 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.4.

The details of the samples procured and number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk .. .. .	1	165	160	6	166
Pork Pie .. .. .	—	4	4	—	4
Marmalade .. .. .	—	1	1	—	1
Steak and Kidney Pie .. .. .	—	4	4	—	4
Beef Sausage .. .. .	—	8	7	1	8
Pork Sausage .. .. .	—	18	17	1	18
Beef and Pork Sausage .. .. .	—	1	1	—	1
Garlic Sausage .. .. .	—	1	1	—	1
Tomato Sausage .. .. .	—	1	1	—	1
Hot Dog Sausage .. .. .	—	1	1	—	1
Butter .. .. .	—	1	1	—	1
Lard .. .. .	—	1	1	—	1
Margarine .. .. .	—	1	1	—	1
Chewing Gum .. .. .	—	1	1	—	1
Toffee Strip .. .. .	—	1	1	—	1
Bag Sweets .. .. .	—	1	1	—	1
Chicken Breasts in Jelly .. .. .	—	1	1	—	1
Chicken and Ham Spread .. .. .	—	1	1	—	1
Turkey Spread .. .. .	—	1	1	—	1
Ground Ginger .. .. .	—	1	1	—	1
White Pepper .. .. .	—	1	1	—	1
Orange Quick-Jel .. .. .	—	1	1	—	1
Raspberry Flavour Jelly .. .. .	—	1	1	—	1
Ground Cinnamon .. .. .	—	1	1	—	1
Ground Black Pepper .. .. .	—	1	1	—	1
Salad Cream .. .. .	—	1	1	—	1
Lemon Curd .. .. .	—	1	1	—	1
Boneless Chicken in Jelly .. .. .	—	2	2	—	2
Steak and Kidney Pudding .. .. .	—	2	2	—	2
Italian Salad Dressing Mix .. .. .	—	1	1	—	1
Lime Flavour Jelly .. .. .	—	1	1	—	1
Fruit Chewing Gum .. .. .	—	1	1	—	1
Sweet Smokes .. .. .	—	1	1	—	1
Braised Steak with Rich Gravy .. .. .	—	1	1	—	1
Raspberries in Syrup .. .. .	—	1	1	—	1
Tinned Pork Sausage .. .. .	—	1	1	—	1
Condensed Machine Skimmed Milk (Sweetened) .. .. .	—	1	1	—	1
Cake Decorations .. .. .	—	1	1	—	1
Mixed Peel .. .. .	—	1	1	—	1
Glacé Cherries .. .. .	—	1	1	—	1
Tinned Tomatoes .. .. .	—	1	1	—	1
Marzipan .. .. .	—	1	1	—	1
Chocolate Novelties .. .. .	—	1	1	—	1
Dessiccated Coconut .. .. .	—	1	1	—	1

<i>Nature of Sample</i>				<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Ground Almonds	..	..	..	-	1	1	-	1
Lemon Flavouring	..	..	..	-	1	1	-	1
Tinned Creamed Rice Pudding				-	1	1	-	1
Tomato Sauce	..	..	..	-	1	1	-	1
Coloured Dragees	..	..	..	-	1	1	-	1
Tea	..	..	..	-	1	1	-	1
Margarine with 10% Butter	..	..	..	-	1	1	-	1
Plum Jam	..	..	..	-	1	1	-	1
Fish Cakes	..	..	..	-	1	1	-	1
Potted Meat	..	..	..	-	1	-	1	1
Cornish Pasties	..	..	..	-	1	1	-	1
Whisky	..	..	..	-	2	-	2	2
Gin	..	..	..	-	1	1	-	1
Vodka	..	..	..	-	1	-	1	1
				1	255	244	12	256

### **Samples Adulterated or otherwise giving rise to irregularity**

#### *(a) Administrative Action Taken*

Of the 12 samples adulterated or otherwise giving rise to irregularity 4 were taken formally and 8 informally.

#### *(b) Legal Proceedings*

No legal proceedings were taken.

#### *(c) Informal Action*

1. Potted Meat. An informal sample was found to contain 66% of meat. As the amount of meat should be not less than 90%, the sample was, therefore, deficient to the extent of 26%. The matter was taken up with the manufacturer who immediately ceased selling it as potted meat.
2. Beef Sausage. This informal sample contained 470 parts per million of sulphur dioxide. The maximum amount permitted in beef sausage is 450 parts per million and the presence of added preservative must be declared. The attention of the manufacturers was drawn to the slight excess of sulphur dioxide. Subsequent sample genuine.
3. Tinned Pork Sausages. An informal sample of tinned pork sausages contained 52.4% of meat. Pork sausage should contain not less than 65% of meat and the sample was, therefore, deficient in meat to the extent of 19.3%. Matter taken up with manufacturers and subsequent sample found to be genuine.
4. Vodka. A formal sample of vodka was slightly deficient in proof spirit containing only 65%. The matter was taken up with the suppliers.
5. Whisky. Two formal samples of whisky were slightly deficient in proof spirit containing only 69.2% and 69.4% respectively. The matter was taken up with the suppliers.

6. Milk. An informal sample of milk contained 2.98% of milk-fat and 7.88% of milk-solids other than milk-fat. The Freezing Point (Hortvet) minus  $0.477^{\circ}\text{C}$  showed the presence of added water.  
A formal sample was taken and it was found to be deficient in milk solids other than milk-fat to the extent of 0.07% showing the presence of a small amount of extraneous water. The Freezing Point (Hortvet) minus  $0.504^{\circ}\text{C}$  confirmed the presence of extraneous water. Investigation showed the adulteration was due to a mechanical fault which was immediately rectified. A subsequent sample was found to be satisfactory.
7. Milk. An informal sample of milk contained 7.17% of milk-solids other than milk-fat, the sample was, therefore, deficient in milk-solids to the extent of 15.6%. The Freezing Point (Hortvet) was within the normal range for genuine milk which showed that the deficiency was due to natural causes. This case was referred to the Milk Marketing Board. Farmer ceased producing milk.
8. Milk. An informal sample of milk contained only 7.98% of milk-solids other than milk-fat. The Freezing Point (Hortvet) minus  $0.509^{\circ}\text{C}$  showed the presence of added water. A mechanical fault in the plant was found to be responsible for the adulteration. Further samples were genuine.
9. Milk. An informal sample of milk contained only 8.34% of milk-solids other than milk-fat. The Freezing Point (Hortvet) minus  $0.521^{\circ}\text{C}$  indicated the presence of added water which examination of the plant showed was due to a mechanical fault. Subsequent samples were taken from this producer and proved genuine.
10. Milk. An informal sample of milk was slightly deficient in milk-fat in that it contained 2.90% milk-fat. Two subsequent samples taken proved genuine.

## Offences other than those indicated by sampling

### *Legal Proceedings*

#### **Food and Drugs Act, 1955**

1. Sold bacon containing maggots. Fined £22 7s. 0d.
2. Sold a steak and kidney pie containing a piece of metal. Fined £19 12s. 0d.

### **Informal Action**

Of the 52 complaints received during the year about the condition of foodstuffs, 26 related to foreign bodies in the food, 13 to fitness of the food, 9 to mould and the remaining 4 to dirty containers. Two of the complaints resulted in legal action being taken and details of the cases are given above. Approximately half of the complainants requested that no formal action be taken by the Department. Every effort was made by the investigating inspectors to try and prevent similar incidents occurring in the future, and also to improve the standard of hygiene in food premises where necessary. Details of the complaints are as follows:



1. The attention of the Department was drawn to the condition of six milk bottles. Three had dirt on the interior, one having been caused by the use of the bottle for letting off fireworks. Another bottle contained pupa cases of the fly *Drosophila Busckii*, a pest sometimes found in milk bottles and not removed by bottle washing plants. The bottles had obviously escaped the notice of the "Spotters". A further bottle had a firework inside. There was dirt on the top of the milk and the cap was loose. A similar firework placed in a milk bottle and passed through the washing machine fell out. Investigation at the Dairy showed slight wear on one of the rubber stamping seals which had the effect of turning out some bottles with caps which were not firmly affixed. This seal was replaced. The remaining bottle contained a slug which was not damaged in any way. How it got there must remain a mystery. Warnings issued.
2. Metallic taste of tinned tapioca pudding. Analytical examination of the sample showed no evidence of metallic contamination, but the higher-than-normal acidity suggested that micro-organisms which resist the fairly vigorous heat treatment to which this food is normally subjected were responsible for the breakdown of proteins into certain more simple and bitter compounds.  
Matter taken up with the manufacturer.
3. Ice cream with peculiar taste. Laboratory examination showed the ice cream to be in excellent bacteriological condition, but stale in flavour. It appeared that storage under fluctuating temperature conditions had affected the physical condition of the ice cream. Stock withdrawn and dealer's cabinet examined.
4. Varying degrees of mould were found on 2 bread loaves, bilberry and apple pie, cheese portions and slices, chocolate cake, fruit scones and in two lots of yoghurt. Torn wrappings, incorrect stock rotation and difficulty in establishing where the fault lay had to be considered in dealing with these cases. Appropriate action was taken.
5. Brussels Sprouts with bitter taste. Examination of the sprouts by the Public Analyst for the presence of pesticide residues and for arsenic and injurious metals failed to reveal the presence of these substances. A slight unpleasant bitterness was detected when the sprouts were subjected to tasting tests, but this appeared to be due to the fact that the vegetable was marketed towards the end of its normal season.
6. Drawing pin in a piece of fried fish. A sandwich was made of the fish and the complainant found the pin in her mouth. Thorough investigation along the distribution channel back to the supplier did not seem to indicate how a new-looking pin got into the food. After being so informed the complainant did not wish the matter to be pursued.
7. Piece of glass in a jar of imported jam. Matter taken up with suppliers urging stricter supervision over quality control by manufacturers.
8. Packet of sultanas containing mites. Complainant reimbursed and requested no further action.

9. Five bread loaves containing respectively two metal washers, a piece of green paper, a piece of string and one being dirty and misshapen. In connection with the two loaves each containing a metal washer, outside contractors had been working on the bread making plant and it appeared that the washers found their way into the bread as a result. Additional check system introduced to avoid any recurrence. The piece of green paper was found to be from a milk powder bag and the string from a cloth for handling hot tins. Warnings issued. No formal action was taken about the remaining loaf owing to the mental illness of the salesman.
10. Two pieces of wood found in a tin of stewed steak. Investigations showed that the wood originated from a wooden identification ticket on a carcase of foreign beef which must have dropped into a tray of trimmed meat awaiting despatch to the tin filling lines. High standard of hygiene is maintained by the firm concerned, and alterations were made to try and obviate such an occurrence in future. Complainant reimbursed.
11. Blue markings on two sausages. Analysis showed that the markings were only on the skin and the meat was not contaminated. The nature of the colour was similar to that of some blue ball point pen inks. Investigations as to how this could have happened yielded no result.
12. Larvae or maggots figured in seven complaints involving chocolate biscuits, chocolate, three pieces of bacon, cheese and ground rice. Investigations relating to the bacon and cheese failed to show where on the line of distribution the fault lay. At the shops concerned a high standard of hygiene was maintained, and their refrigeration and automatic fly killers were in working order. In the case of the chocolate and ground rice, the grubs were the intermediate stage of the moth which is a natural parasite of these commodities. Warnings issued.
13. Lump salt containing foreign body. Laboratory examination revealed that the material was a small piece of wood. The 'open pan' process of production required for this type of salt has inherent quality control problems of which this complaint is one. Manufacturer ceased production of the particular line. Complainant reimbursed.
14. Complaint of worm in tin of beans by person not willing to be involved in legal proceedings. Examination in the laboratory showed it was an earth worm which had been through a cooking process. Complex sorting processes are in use at the place of manufacture, including visual inspection, multiple magnetic, electronic and air blast devices, and sets of flotation washers. In addition the sauce, after cooking, is passed through a stainless steel lined sieve with apertures of .04 in. before being added to the beans. Immediately prior to filling the empty cans are inverted and passed over a series of high pressure water jets to ensure the removal of atmospheric dirt. A baffling complaint! Consumer recompensed.
15. Orange drink said to be cloudy and have a "nasty" smell. Laboratory examination indicated no abnormal odour, and that the drink was of good bacteriological quality. The cloudiness was due to sedimentation.
16. Metal bolt in an imported can of peaches. Matter taken up with the importers, but no explanation for its presence was available.



17. Minced beef said to have caused illness. Laboratory examination revealed no pathogenic organisms.
18. Complaint of mouse droppings in oats. 10 stone bag holed at bottom and over two months in stock before opening for use. No evidence of mouse infestation at supplier's premises. Advice given about over-stocking and proper storage in metal bins.
19. Beef paste with sour taste. Kept overnight but still within reasonable shelf life. Appeared to be isolated case. Complainant reimbursed.
20. Corned beef said to have peculiar smell and to be discoloured. Examination revealed no abnormal smell and discolouration was due to over-cooking of the meat. Stocks withdrawn and a refund made to the purchaser.
21. Potato crisps with purple staining. Colouring harmless, tasteless and odourless and characteristic of a particular variety of potato where it occasionally occurs. Customer reimbursed.
22. Cream scones with black markings in cream. Appeared to be burnt fragments from a baking tray. Vendor's premises found to be satisfactory. Refund made.
23. Cream cracker alleged to contain a piece of metal  $\frac{1}{4}$  in. long and resembling part of a thin needle. Found in mouth after biting a buttered cracker. Metal detectors in use at bakery and high standard of hygiene maintained. Was the metal fragment in the butter? Where it came from must remain a mystery. No further action.
24. Small stone in a can of meat. An investigation, carried out informally at the request of the complainant, suggested it might have been picked up in the meat at one of the slaughterhouses supplying the factory.
25. Can of corned beef alleged to be "bad". Examination of similar cans did not reveal anything untoward. Complainant reimbursed and happy.
26. Bacon with strong smell. It was found that the bacon consisted of "bits" sold cheaply by the shopkeeper. Practice of selling trimmings to cease. Warning given.
27. Pork chop with "off" smell. Its condition appeared to be due to the high temperatures being experienced at the time and a break-down in refrigeration. Complainant did not wish to pursue the matter and she was recompensed.

### **Milk Supply**

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

#### *Milk and Dairies (General) Regulations, 1959.*

No. of milk distributors on the Register .. .. .	136
No. of dairies on the Register .. .. .	6

#### *The Milk (Special Designation) Regulations, 1960.*

No. of dealers licences to use the designation "Untreated"	2
No. of dealers (Pasteuriser's) licences .. .. .	2
No. of dealers licences to use the designation "Pasteurised" ..	89
No. of dealers licences to use the designation "Sterilised" ..	103



331 samples of designated milk were submitted for examination at the Public Health Laboratory, Lincoln and passed the tests prescribed by the appropriate Regulations.

The following tables give the information in more detail:

#### HEAT TREATED MILK:

<i>Designation</i>	<i>No. of sam- ples</i>	<i>Passed</i>		<i>Failed</i>		<i>Passed Failed</i>	
		<i>Meth. Blue Test</i>	<i>Phos- phat- ase</i>	<i>Meth. Blue Test</i>	<i>Phos- phat- ase</i>	<i>Turbidity</i>	
Pasteurised	128	128	128	—	—	—	—
Pasteurised (School)	75	*74	*74	—	—	—	—
Pasteurised (Channel Islands)	90	90	90	—	—	—	—
Sterilised	38	—	—	—	—	38	—
	331	292	292	—	—	38	—

\*On one occasion the overnight shade temperature exceeded 70°F and the test was thus rendered void.

#### RAW MILK:

<i>Designation</i>	<i>No. of samples</i>	<i>Methylene Blue Passed</i>	<i>Blue Failed</i>
Untreated (Farm cartoned)	1	Void	

#### Cream

58 samples of cream were submitted for bacteriological examination, 55 samples were satisfactory, and 3 samples unsatisfactory.

#### *Bacteriological Examination of Milk Equipment*

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	599	572	27
Milk churns ..	60	60	—
Milk Plant Swabs	45	40	5
Tankers ..	25	25	—

## Ice Cream

No. of premises registered for sale . . . . . 275

Details of the 57 samples which were examined at the Public Health Laboratory, Lincoln are given below.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	41	74.54
2	2½ to 4 hours	7	12.73
3	½ to 2 hours	5	9.10
4	0 hours	2	3.63

(Note: In two cases the examination was void owing to temperature change).

It is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in Grade 1, 80% into grades 1 or 2 and not more than 20% into grade 3, and none into grade 4.

## Orange Drink

4 samples were examined at the Public Health Laboratory, Lincoln and were satisfactory.

## Preserved Food

84 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food, but many of these have ceased to function for the purpose for which they are registered.

## Inspection of Meat

There are two private slaughterhouses, in addition to the City Abattoir, operating in the City.

The number of food animals slaughtered at these premises was 47,754 compared with 44,278 last year, an increase of 3,476. The largest increase was in the number of pigs killed, though cattle and sheep also showed smaller but, nevertheless, welcome increases.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

	<i>Cattle</i>					<i>Pigs</i>
	<i>excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>		
Number killed . . . . .	5,553	94	41	18,017		24,049
Number inspected . . . . .	5,553	94	41	18,017		24,049

*All Diseases except  
Tuberculosis and  
Cysticercosis*

Whole carcasses condemned	2	1	6	36	20
Carcases of which some part or organ was condemned	1,463	7	—	514	2,547

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
<i>Tuberculosis:</i>					
Whole carcasses condemned	1	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	577
<i>Cysticercosis</i>					
Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	11	—	—	79	—
Carcases submitted to treat- ment by refrigeration	11	—	—	—	—

### *Cysticercus Bovis*

Routine inspection for this disease has now been carried out for 20 years. There has been a slight reduction in the percentage of infestation compared with last year (0.3), but the figures underline the need for constant vigilance on the part of meat inspectors, if tapeworm conditions in humans are to be kept in check. For every viable cyst nine degenerate ones were found. The total of 111 cysts indicates the need for remedial action by cattle producers to control the spread of the disease.

The following table shows the incidence of infection of all bovines inspected to be:—

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of generalised Cases</i>		<i>Percentage infection of all Bovines</i>
<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	
5,553	94	11	—	—	—	0.19

The cysts were located in the animals as follows:—

Head	..	..	8
Heart	..	..	2
Skirt	..	..	2

One animal had a viable cyst in its heart and skirt.

The carcasses and remaining offal were placed in cold storage at a temperature of 20°F for 3 weeks or 14°F for two weeks in accordance with The Meat Inspection Regulations, 1963.

Degenerate cysts were also found in 99 animals located as follows:

	<i>Cattle</i>	<i>Cows</i>	<i>Calves</i>
Head	..	..	43
Heart	..	..	42
Skirt	..	..	12



**Foods Condemned**

The amount of foodstuffs condemned as unfit for human consumption was:

			<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	6	2	5	10
Offals	..	..	15	10	6	7½
Other Food	..	..	34	1	3	3
Fish	..	..			4	4
			55	15	3	10½

**Slaughter of Animals Act, 1958**

31 licences to slaughter or stun animals in a slaughterhouse were issued.

CITY OF LINCOLN  
EDUCATION COMMITTEE

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ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE  
YEAR ENDED 31st DECEMBER, 1968

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R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.  
*Medical Officer of Health and Principal School  
Medical Officer for the City of Lincoln*

# CITY OF LINCOLN EDUCATION COMMITTEE YEAR ENDED 31ST AUGUST, 1968

## *Chairman of the Education Committee:*

Councillor G. T. BLADES (to May, 1968)  
Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. (wef. May, 1968)

## *Vice-Chairman of the Education Committee:*

Alderman J. H. SPENCE (to May, 1968)  
Councillor B. H. KENDALL, A.B.S. (wef. May, 1968)

## *Members of the Education Committee:*

<p>Alderman W. E. HERBERT Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D. (to May, 1968) Alderman J. H. SPENCE Councillor P. W. ARCHER, J.P. Councillor G. T. BLADES (to May, 1968) Councillor R. G. BRACEY, B.Sc. (wef. May, 1968) Councillor R. CLAPHAM Councillor Mrs. E. M. DAWBER (to May, 1968) Councillor G. G. ELSEY (to May, 1968) Councillor H. EVANS Councillor F. E. H. HORN (wef. May, 1968) Councillor R. D. HORNER (to May, 1968) Councillor B. H. KENDALL, A.B.S. Councillor C. R. IRELAND (wef. May, 1968)</p>	<p>Councillor C. S. LADMORE (wef. May, 1968) Councillor R. M. LUCAS, B.Sc., L.I.O.B. Councillor W. PIXSLEY (to May, 1968) Councillor R. J. READ, M.B., B.Chir. (Cantab.) Councillor P. J. ROE (wef. May, 1968) Councillor A. H. TAYLOR (wef. May, 1968) Councillor Mrs. S. J. TOWNEND Councillor J. T. WARD (to May, 1968) The Rt. Rev. Mgr. Canon E. H. ATKINSON, v.g. The Rev. B. A. BAKER The Rev. Canon N. S. RATHBONE, M.A. Mr. D. J. LOGAN Mrs. C. M. SEELY (wef. May, 1968) Mrs. J. F. SCOTT (to May, 1968) Miss J. E. SKINNER, M.A. Mrs. M. A. TOOMER Mr. E. H. TUTTY</p>
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# SPECIAL SERVICES COMMITTEE

## *Chairman of the Special Services Committee:*

Councillor R. M. LUCAS, B.Sc., L.I.O.B. (to May, 1968)  
Councillor Mrs. S. J. TOWNEND (wef. May, 1968)

## *Members of the Special Services Committee:*

<p>Alderman S. A. CAMPBELL, F.H.A., A.C.C.S. (wef. May, 1968) Councillor G. T. BLADES (to May, 1968) Councillor R. CLAPHAM Councillor G. G. ELSEY (to May, 1968) Councillor H. EVANS Councillor F. E. H. HORN (wef. May, 1968) Councillor R. D. HORNER (to May, 1968) Councillor C. R. IRELAND (wef. May, 1968)</p>	<p>Councillor B. H. KENDALL, A.B.S. Councillor R. M. LUCAS, B.Sc., L.I.O.B. Councillor Mrs. S. J. TOWNEND (wef. May, 1968) Councillor J. T. WARD (to May, 1968) The Rt. Rev. Mgr. Canon E. H. ATKINSON, v.g. Mr. D. J. LOGAN Miss J. E. SKINNER, M.A. Mrs. M. A. TOOMER (to May, 1968) Mrs. C. M. SEELY (wef. May, 1968)</p>
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## TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

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This Report gives an account of the work of the School Health Service and describes the health of the school children in the City during the year 1968.

There has been a gradual increase over the past few years in the school population and the present figure (13,863) is the highest ever recorded.

The pattern of routine medical inspection continued as in previous years and 3,611 children were examined during 1968. 890 defects were noted and referred for treatment; visual defects accounted for more than half of this number and the remainder were mainly orthopaedic defects and conditions affecting the ear, nose and throat. There was an increase in the number of children found to be unduly obese. 51 children were placed in this category of whom 15 were found to require active treatment. Many authorities, with ample justification, have drawn attention to the problems associated with obesity — this condition commonly starts in infancy and unless checked, may well give rise to obesity in later life.

The annual testing of school children's vision continued and the results of this work fully justify the effort involved. In addition to finding a considerable number of children with a visual defect (291 in 1968), the figures obtained annually are a ready means of assessing whether any increase or otherwise is occurring in the incidence of visual defects.

The only infectious diseases which gave rise to any concern during the year were Measles and Infective Hepatitis. 251 school children contracted Measles and the advent of Measles Vaccination for children age 4 — 7 years was very welcome. Vaccination against Measles started in May and 420 school children had been vaccinated at the end of the year. It is certainly too early to make any prediction as to the outcome but it was noticeable that the epidemic subsided rather more quickly than has been the case in previous years. It is hoped, therefore, that this will prove to have been the last Measles epidemic to be experienced.

The most troublesome infectious disease during the year was undoubtedly Infective Hepatitis. 295 school children were notified as suffering from this disease and many of these children were absent from school for several weeks on account of this infection which seemed to be widespread throughout the City and no particular area was involved to a greater extent than another. The adjacent County areas also had many cases. This is a most difficult illness with which to deal, as there is no active treatment and no effective epidemiological steps are possible at the moment to reduce the spread of infection. Injections of Gamma Globulin were used in three schools with good effect, but the supply of this material was strictly limited and was no longer available during the latter part of the year. This type of passive immunity, however, is only a short term palliative even if sufficient Gamma Globulin were available. The only long term solution is the production of an effective vaccine and it would appear that this is unlikely to be produced for some years.

I think the time is opportune to comment on the decreasing incidence of Tuberculosis. Mantoux testing and B.C.G. vaccination of 13 year old children started in 1956 and at that time, 22% of children tested were Mantoux positive, indicating that at some time during their life they had been infected. In 1968, of the children tested, less than 7% were Mantoux positive and this indicates definite progress which, together with other information, leads one to believe that the complete eradication of Tuberculosis in this Country is

possible in the not too distant future. It should be borne in mind, however, that as the disease becomes less frequent, the proportion of susceptible children will increase and the case for B.C.G. vaccination is as strong as ever. It has been decided that in view of the low incidence of Mantoux positive children no action is necessary to vaccinate children at an earlier age.

A few cases of Scabies occurred amongst school children but the number was smaller than in the previous year.

Verrucae infections still continue, despite efforts of the Minor Ailments Clinic staff and the School Chiropodist; in fact, there was a considerable increase in the number of children found with this condition during 1968, compared with the number in the previous year. Evidence shows that there is a positive relationship between the amount of swimming undertaken and the incidence of plantar warts and there is not likely to be a relationship between the amount of barefoot physical exercise and the incidence of plantar warts. The inadequacy of the swimming facilities in Lincoln with gross over usage of the existing baths favours the spread of verrucae infection.

No particular progress was made during the year in the eradication of head lice infestations and it is disappointing that trained staff, who are difficult to recruit, need to spend so much time on head inspections. During the past few years the number of children found to be infested has remained fairly constant — approximately 2%. There must be few families now who do not have the facilities for regular hair washing. What is lacking is the will of some parents to use whatever facilities exist.

The ascertainment of handicapped pupils is one of the most important duties of the School Health Service. 27 children were ascertained during the year and the total number of handicapped children requiring special education at the end of the year was 207. Over the past few years there has been a gradual increase in the number of children ascertained as physically handicapped. In many cases the handicap is severe and they will require a considerable amount of treatment throughout their school life. The present Open Air School can no longer be considered suitable to meet the needs of many physically and severely handicapped children and the only alternative at the present time is to arrange for admission to residential Special Schools. It is gratifying to record that a new school for physically handicapped children is to be built in Lincoln in the near future. This school will have accommodation for 40 resident children, 40 day pupils and a nursery group of 10 children.

Children with a speech defect are a source of concern to many parents and it is unfortunate that throughout 1968 there was no Speech Therapist in Lincoln. No child with this defect could therefore be helped as both the Local Education Authority and the Hospital Management Committee have been unsuccessful in recruiting a qualified Speech Therapist.

The School Dental Service continues to play a vital part in the prevention and treatment of dental caries in school children. The Service continued to maintain an annual inspection of all school children, to employ the best conservative treatment and to continue the emphasis on the preventive aspects of dental care. The effectiveness of a continuous Dental Health Education programme in schools has been proved by the striking reduction in the number of children found to be requiring treatment during the past few years. However, there are some areas in the City where Dental Health Education has had less of an impact and close attention will have to be given to this fact in future years. The scheme of employing a Dental Auxiliary in the School Dental Service has been in operation since 1963. These Auxiliaries undertake certain forms of dental treatment under the supervision of a

Dental Officer, who is thus relieved of a considerable amount of routine work. Our experience confirms that this scheme has been an unqualified success.

The facilities for helping children with behaviour disorders and for potentially maladjusted children were considerably increased by the establishment of a Special Unit at the Lawn Hospital in July, 1967. The lack of residential places for diagnosis and assessment of disturbed children has been keenly felt in recent years and the new Unit, which is one of the first of its type, should prove to be a considerable asset. This Unit is a project of the Sheffield Regional Hospital Board; it serves the Central Lincolnshire area and is to be closely integrated with the Child Guidance Services.

I should like to express my appreciation of the loyal support given during the year by the staff of the School Health Service and should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation. My thanks are also due to members of the Special Services Sub-Committee and in particular to Councillor Mrs. S. J. Townend for the keen interest shown and assistance given.

R. D. HAIGH,

*Principal School Medical Officer.*

City Health Department,

Beaumont Fee,

LINCOLN.

*June, 1969.*



STAFF OF SCHOOL HEALTH DEPARTMENT  
1968

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*Principal School Medical Officer:*

R. D. HAIGH, M.B., CH.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

*Deputy Principal School Medical Officer:*

P. E. Elwood, M.B., B.CH., B.A.O., D.R.C.O.G., D.P.H.

*School Medical Officers and Assistant Medical Officers of Health*

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

Phoebe H. Chance, M.R.C.S., L.R.C.P.

*Principal Dental Officer:*

G. A. Vega, B.D.S.

*Dental Officers:*

J. Icton, L.D.S., R.C.S.

Mrs. D. D. Birrell, B.D.S. (Commenced 1.7.68)

*Dental Auxiliary:*

Mrs. S. M. Horseman (Resigned 31.1.68)

Miss S. D. Clift (Commenced 3.9.68)

*Dental Surgery Assistants:*

Mrs. V. Portergill

Miss P. Smalley

Mrs. M. Wallis

Miss J. Shelton (Resigned 31.8.68)

Miss S. M. Askew (Trainee, Commenced 16.12.68)

*Dental Health Education Officer:*

Mrs. J. Abell

*Dental Clerk:*

Mrs. P. J. Ellis

*Consultant Children's Psychiatrist:*

John S. Edmondson, M.B., CH.B., D.P.M.

*Educational Psychologists:*

C. H. Jackson, M.A., PH.D., DIP.ED., F.B.P.S.S.

Mrs. J. M. Hackett, B.A.(Hons.), M.B.P.S.S. (Commenced 9.9.68)

*Social Workers:*

Miss M. B. Foster, B.A., M.A., DIP.SOC.SC.

Mrs. Y. M. Jackson

*Secretaries:*

Miss L. C. Aylmer

Miss P. Secker

*Chiropodist:*

Mrs. A. D. Brown, M.CH.S. (Part-time)

*Nursing Superintendent:*

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V.

*Senior Health Visitor/School Nurse:*

Miss J. Williamson, S.R.N., S.C.M., H.V. (Retired 30.9.68)

Miss M. Clarke, S.R.N., R.S.C.N., H.V. (from 1.10.68)

*Health Visitors/School Nurses:*

Miss M. Clarke, S.R.N., R.S.C.N., H.V. (Promoted Senior H.V. 1.10.68)

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V.

Mrs. J. Dunham, S.R.N., H.V.

Miss S. East, S.R.N., B.T.A., H.V.

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V. (Part-time)

Miss B. M. Lees, S.R.N., S.C.M., H.V. (Resigned 12.1.68)

Mrs. M. A. Newsam, S.R.N., S.C.M., H.V. (Resigned 30.4.68)

Miss D. M. Palmer, S.R.N., S.C.M., H.V. (Commenced 1.4.68)

Miss J. Scott, S.R.N., H.V.

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V.

Mrs. D. Wood, S.R.N., H.V. (Part-time, Resigned 21.6.68)

*School Nurses:*

Mrs. J. M. Burnham, S.R.N. (From 25.3.68 to 7.12.68)

Miss D. A. Oliver, S.R.N., S.C.M.

Mrs. K. Pitchford, S.R.N.

Mrs. J. Pratt, S.R.N., S.C.M. (Commenced 3.12.68)

Mrs. A. Saywell, S.R.N.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Mrs. J. M. Swann, S.R.F.N., S.C.M. (Retired 31.3.68)

*Health Education Officer:*

Miss C. A. Thompson, S.R.N., S.C.M., H.V., C.N.N.

*Lay Administrative Assistant:*

J. C. Martin, A.R.S.H.

*Clerk-in-Charge:*

R. W. Hill

*Clerks:*

Mrs. B. Colam (Part-time)

Mrs. J. E. Gough (Part-time)

Miss C. Sykes

## LIST OF SCHOOLS

School	No on Register January, 1969	Head Teacher
<b>Nursery</b>		
St. Cuthbert's	50	Miss S. A. Kerslake
St. Giles	43	Miss H. Church, M.B.E.
<b>Primary</b>		
Birchwood Infant	329	Miss Y. A. Lowe
Birchwood Middle	312	Mr. W. A. Fletcher
Boultham Junior	407	Mr. A. E. Briggs
Boultham Infant	136	Miss R. E. Morris
Bracebridge Infant	124	Miss J. Whiticker
Eastgate Infant and Junior Girls'	112	Miss M. B. Cullen
Ermine Infant	334	Miss J. M. Sowerby
Ermine Junior	443	Mr. J. Harrod, B.A.
Hartsholme Infant	207	Miss D. J. Neale, O.B.E.
Manor Leas Middle	316	Mr. D. J. Logan
Manor Leas Infant	337	Miss T. H. Bewley
Monks Road Junior	379	Mr. H. J. Sharman, Dip.P.Ed.
Monks Road Infant	261	Miss S. M. Walker
Mount Street Infant and Junior Girls'	320	Miss B. M. Jubb
Our Lady of Lincoln R.C.	314	Mr. J. Brown
Skellingthorpe Road Junior	390	Mr. E. S. Wilson
Skellingthorpe Road Infant	415	Miss S. M. Neale
St. Andrew's Infant and Junior	193	Miss M. Oliver
St. Botolph's Infant	109	Mrs. M. Young
St. Faith's Junior	247	Mr. K. I. Cook
St. Faith's Infant	179	Mrs. M. Blakeman
St. Giles Junior	494	Mr. F. Pickering, L.R.A.M.
St. Giles Infant	307	Miss J. O. Yeates
St. Hugh's R.C.	305	Mr. D. V. Griffiths, A.R.C.M.
St. Martin's Infant and Junior	104	Mrs. D. P. E. M. Cook
St. Peter's Junior	214	Mr. R. S. Forbes
St. Peter's Infant	267	Mrs. K. West
Westgate Junior	367	Mr. J. Pritchard
<b>Secondary Modern</b>		
Bishop King	322	Mr. A. Booth, B.A.
Boultham Moor Girls'	563	Miss L. M. Powell
Myle Cross Girls'	367	Miss J. K. Gentry
Rosemary	394	Mr. H. K. Lister, B.Sc.
Sincil Boys'	550	Mr. F. Bell, B.Sc.
Spring Hill	389	Miss J. P. Whiteside
St. Giles Boys'	319	Mr. L. R. W. Thake
St. Peter and St. Paul	318	Mr. T. P. Groome, B.A.
<b>Secondary Grammar</b>		
Christ's Hospital Girls' High	540	Miss M. Leahy, B.A.
Lincoln	517	Mr. J. C. Faull, B.Sc., A.R.C.S.
South Park High	580	Miss M. J. Widdowson, B.A.
The City	550	Mr. L. R. Middleton, M.A., B.Sc.



## Special Schools

Open Air	53	Miss D. E. Willcock, J.P.
St. Christopher's	131	Mr. J. Haile

## Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
College of Technology	148	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	107	Mr. A. W. H. Pears, A.T.D.

## STATISTICS

Population of City	..	..	..	75,720 (mid-year estimate)
*School Population	..	..	..	13,863
Number of Schools	..	..	..	44
Number of F.E. Establishments	..	..	..	2

## Maintained Schools in Lincoln

Schools	No. of		No of children on roll		Total
	†	Departments	Boys	Girls	
Nursery .. ..	..	2	49	44	93
Primary .. ..	..	34	4051	3871	7922
Special (E.S.N.) ..	..	1	87	44	131
Special (Open Air) ..	..	1	29	24	53
Secondary Modern ..	..	8	1664	1558	3222
Secondary Grammar ..	..	4	1067	1120	2187
College of Technology ..	..	1	55	93	148
College of Art .. ..	..	1	31	76	107
		—	—	—	—
		52	7033	6830	13863
		—	—	—	—

\* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

## ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The pattern of previous years has again been followed whereby children are examined at five, ten and fourteen years approximately. No groups of children were selectively examined during the year. The routine medical inspection of school children continues to be one of the most important aspects of the work of the School Health Service.

3,611 children (3,867 in 1967) were examined during 1968 and 890 (969 in 1967) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 55.4% (51.4% in 1967), orthopaedic defects 11.0% (12.8% in 1967), skin defects 15.4% (13.6% in 1967), hearing defects 2.8% (3.3% in 1967) and nose and throats defects 4.7% (7.4% in 1967).

In last year's Annual Report reference was made to the increasing number of children found to be obese. The figures for 1967 were one infant referred for treatment and nine children (1 infant, 4 juniors and 4 seniors) to be kept

under observation. There has been a considerable increase in the number of cases this year and I give the figures below:

			<i>Treatment</i>		<i>Observation</i>	
			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Infants	..	..	—	—	—	1
Juniors	..	..	3	4	6	8
Leavers	..	..	1	7	17	4
			—	—	—	—
Totals			4	11	23	13
			—	—	—	—
			15		36	
			—		—	

The startling increase in the numbers may be partly due to the fact that School Medical Officers are paying more attention to this condition and are watching out for it. Nevertheless the figures are indisputable and prove beyond any doubt that many children are provided by their parents with most unsuitable diets which must be revised and regulated if the children concerned are to regain their normal weight. The 15 cases referred for treatment represent 1.7% of the school children inspected.

### RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 890 compared with 969 in 1967.

				<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
				*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	...	40	9	50	11	49	10	139	30
Eyes—Vision	...	...	...	32	57	209	13	137	52	378	122
Squint	...	...	...	75	18	9	3	27	8	111	29
Other	...	...	...	9	—	1	—	5	1	15	1
Ears—Hearing...	...	...	...	11	65	5	16	3	35	19	116
Otitis media	...	...	...	3	25	—	—	2	4	5	29
Other	...	...	...	—	2	1	—	—	—	1	2
Nose and Throat	...	...	...	25	84	6	7	11	24	42	115
Speech	...	...	...	6	27	—	2	2	1	8	30
Lymphatic glands	...	...	...	—	21	—	—	—	8	—	29
Heart	...	...	...	6	15	2	8	2	10	10	33
Lungs	...	...	...	2	44	2	14	2	13	6	71
Development											
Hernia	...	...	...	3	5	1	1	1	5	5	11
Other	...	...	...	4	32	1	1	6	11	11	44
Orthopaedic											
Posture	...	...	...	—	—	5	1	2	1	7	2
Feet	...	...	...	28	14	12	2	11	8	51	24
Other	...	...	...	30	11	5	6	5	1	40	18
Nervous system											
Epilepsy	...	...	...	—	5	—	1	1	1	1	7
Other	...	...	...	—	4	—	3	—	—	—	7
Psychological											
Development	...	...	...	1	9	—	3	1	5	2	17
Stability	...	...	...	5	33	3	3	7	18	15	54
Abdomen	...	...	...	—	1	—	2	1	—	1	3
Other	...	...	...	—	5	14	23	9	18	23	46
				280	486	326	120	284	234	890	840

\*T—Defects requiring treatment

\*O—Defects requiring to be kept under observation

## GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.36 per cent were classified as being medically unsatisfactory. This represents 13 children out of a total number of 3,611 who were examined.

### SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring treatment	Pupils requiring observation
Skin ... ..	18	22
Eyes—vision ... ..	136	18
squint ... ..	17	1
other... ..	—	4
Ears—hearing ... ..	6	16
Otitis media ... ..	—	—
Other ... ..	—	—
Nose and Throat ... ..	15	8
Speech ... ..	1	—
Lymphatic glands ... ..	—	—
Heart ... ..	—	4
Lungs ... ..	12	8
Development—		
Hernia ... ..	—	—
Other ... ..	—	—
Orthopaedic—		
Posture... ..	—	—
Feet ... ..	14	7
Other ... ..	5	13
Nervous system—		
Epilepsy ... ..	1	—
Other ... ..	—	—
Psychological—		
Development ... ..	1	1
Stability ... ..	36	44
Abdomen ... ..	1	1
Other ... ..	2	15
Totals ... ..	265	162

### NOTES ON SPECIFIC DEFECTS

#### SKIN DISEASES

More children are found to have some form of disease of the skin than any other condition apart from dental and visual defects, and in addition to those cases discovered at routine or special medical inspections, many children are referred directly from schools and other sources to minor ailments clinics for treatment.

The majority of children seen at minor ailments clinics with skin diseases were cases of verrucae. 349 children were treated for this condition during the year (229 in 1967) and in addition 79 children (94 in 1967) were treated by the School Chiropodist. The total number of attendances made by these children for treatment was 2,493, an average of 5.8 visits per child. It will be seen that the treatment of verrucae is rather time consuming.

One child was found to have ringworm of the body during the year (nil in 1967), 3 children had scabies (10 in 1967), 8 had impetigo (7 in 1967), and in addition 14 cases of other skin diseases were treated.





	1968	1967
Discharged .. .. .	262	233
Complete pairs of single Glasses prescribed ..	656	677
Lenses prescribed .. .. .	413	200
Authorised repairs .. .. .	258	307
Number of Clinics held .. .. .	299	309

### **Orthoptic Department**

New Cases seen .. .. .	204	195
Old Cases seen .. .. .	2161	2030

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centres.

## **OPHTHALMIC CLINICS — ACCOMMODATION**

In addition to reporting on the work of the Children's Ophthalmic Clinic, Mr. Briggs refers to the problems of accommodation experienced since the end of the last war when the Ophthalmic Department was rehoused, as a temporary measure, in huttred premises, which were neither suitable for ophthalmic out-patient work nor capable of reasonable reconstruction.

Although there were great hopes that a comprehensive new out-patient department would be erected, these hopes have waxed and waned over the years and even now it is uncertain whether the new department will ever be built.

In the meantime the amount of work passing through the ophthalmic department has increased enormously and the rudimentary orthoptic service has grown and extended throughout a considerable part of the County of Lincolnshire and now employs three full-time Orthoptists with additional students from time to time.

A modest increase in the size of the existing ophthalmic department was ultimately approved and these alterations have been carried out during the year 1968 so that from about February until September the department was out of commission altogether, and in the hands of the builders, and during this time the patients have been seen in temporary accommodation wherever and whenever it was possible to do so.

The newly extended department ran into a series of teething troubles which are now being overcome, and it is hoped that after recovering from the delays and frustrations of the previous year, an improved service will be available from the beginning of 1969. There have also been some increases in the staff of the ophthalmic department to cope with the increased influx of patients and also with the increasing sophistication of the techniques which modern ophthalmology demands.

## **DISEASES OF THE NOSE AND THROAT**

The total number of defects noted during the year was 157 as compared with 192 in 1967. The number of Lincoln children who received operative treatment at the County Hospital in 1968 was 157 (155 in 1967).

## **CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE**

School children are routinely sweep tested on entering school, again during their last year in Junior School and finally before leaving Senior School. Children whose sweep tests prove to be unsatisfactory are given a pure tone audiometric test.

The construction of a sound-proof room has enabled the nursing staff to produce much more accurate audiograms than has been possible in the past.

All children with abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S. at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

### Audiometric Tests, 1968

The following table summarises the work carried out during the year:  
Number of children tested

Infants	..	..	..	..	..	..	..	1982
Junior	..	..	..	..	..	..	..	1451
Senior	..	..	..	..	..	..	..	1285
								<hr/>
Total	..							4718
								<hr/>

Number who failed Sweep Tests: 148=3.1%.

### Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	..	..					131
Number awaiting appointments for P.T.A. on 31.12.68							17
Number who failed to attend	..	..	..	..			9
Number of children examined by P.T.A.	..	..					122

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	..	46
Unsatisfactory	..	..	..	..	..	..	76

Disposal and treatment of unsatisfactory cases:

Arranging treatment privately	..	..	..	..			4
Wax removed	..	..	..	..	..	..	3
For review at Hospital	..	..	..	..	..	..	13
For observation	..	..	..	..	..	..	56
							<hr/>
							76
							<hr/>

### SPEECH DEFECTS

Children with speech defects which require treatment are normally referred to the Speech Therapist at the County Hospital. Unfortunately, the Speech Therapist resigned in July, 1967 and it has not been possible as yet to obtain a replacement.

### ORTHOPAEDIC AND POSTURAL EFFECTS

All school children found to be suffering from orthopaedic defects, which in the opinion of the School Medical Officer require investigation, are referred to the orthopaedic clinic held in the School Clinic, Beaumont Fee.

County children living within a reasonable travelling distance of the City who require orthopaedic supervision and treatment are also seen at the Lincoln Clinic.

In the first half of the year, clinics were held fortnightly by Mr. D. F. Thomas, F.R.C.S., but from the beginning of August 1968, Mr. B. D. Smith, F.R.C.S. took over the responsibility for the clinics and from then on they were held monthly. I am indebted to Mr. Smith for the following report:



"The clinics for the minor orthopaedic ailments suffered by children that live in the area have continued since I took over from Mr. Thomas; they still mainly seem to be complaints such as knock knees and flat feet. In the main they have been well attended although at the last clinic there was a fifty per cent absenteeism. I feel that they should continue in their present form."

The following is a summary of the work carried out:

	1968	1967
Number of sessions held by the Orthopaedic Surgeon . .	12	14
Number of new cases seen by the Orthopaedic Surgeon	130	157
Total attendances (new and old cases) . . . . .	399	424

(The number of new cases seen during 1968 includes 1 from Lindsey and 12 from Kesteven).

## SCHOOL CHIROPODY SERVICE

Mrs. A. D. Brown, M.Ch.S., part-time School Chiropodist, has continued to work two sessions each week and I give below her report:

"During the year 1968, three schools were visited — a girls' grammar, a girls' secondary modern and a boys' secondary modern. The visits were made on a two-morning 3 hourly sessional basis. The girls' grammar school was successfully cleared of verrucae by July, 1968. Treatment is still being continued at the girls' and boys' secondary modern schools. To date 79 verrucae cases have been treated successfully, while a further 28 cases requiring chiropody have received attention. The schools concerned have been most co-operative and helpful. On the other hand, by visiting the schools loss of schooling and time wasted for each pupil concerned has been minimised."

The following cases were dealt with by the chiropodist during the year:

	New attendances	Revisits	Total attendances
Verrucae	79	194	273
Athletes Foot	15	12	27
Corns	4	5	9
Foot strain	3	2	5
Nails	3	3	6
Chilblains	3	—	3

## HEART DISEASE AND RHEUMATISM

Acute Rheumatism occurring in children up to the age of 16 years ceased to be a notifiable disease in October, 1968, and no case was notified during the year in Lincoln.

## SCHOOL CARDIAC REGISTER

Six new cases were added to the School Cardiac Register during 1968 and there are now 35 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	16
(b)	Atrial septal defect	..	..	..	3
(c)	Mitral incompetence	..	..	..	1
(d)	Persistent ductus arteriosus	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	5
(f)	Patent ductus arteriosus	..	..	..	2
(g)	Rheumatic heart disease with polyarthrits	..			2
(h)	Aortic stenosis	..	..	..	1
(i)	Co-arctation of the aorta	..	..	..	2
(j)	Aortic incompetence and V.S.D.	..	..	..	2

Of these 35 cases, 34 are placed in ordinary schools and 1 in the Junior Training Centre. One child died during the year. He was a boy of 14 years who had Atrio ventricularis communis.

### PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been recorded.

(a)	Ventricular septal defect	..	..	..	6
(b)	Aortic stenosis	..	..	..	1
(c)	Congenital heart disease	..	..	..	1

The Principal School Dental Officer is notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

### PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinic	Fridays at 2 p.m.
Minor Ailments	Wednesday to Friday at 8-30 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

St. Giles Infant School	Minor ailments clinic each morning 9 a.m.
Skellingthorpe Road Infant School	Minor ailments clinic Monday, Wednesday and Friday mornings at 9 a.m.
Sincil Secondary Modern Boys'	Minor ailments clinic Monday, Wednesday and Friday mornings 9 a.m.

At Ravendale Clinic, Laughton Way.

Medical Clinic                      Thursday morning (by appointment).

Dental Clinic                      By appointment.

Emergency cases                  Daily at 2 p.m. (without appointment).

The attendances at the various clinics are summarised in the following table:

Minor Ailments Clinics				New Cases	Revisits	1968 Totals	1967 Totals
Central Clinic	...	...	...	189	798	987	645
St. Giles	...	...	...	208	2046	2614	3624
Skellingthorpe Road	...	...	...	546	1005	1551	1427
Sincil Boys	...	...	...	172	633	805	1250
				1115	4842	5957	6946
Medical Clinics	...	...	...	299	114	413	346
Orthopaedic Clinics	...	...	...	130	399	529	424
Dental Clinics	...	...	...	2675	3485	6160	8749

## NOCTURNAL ENURESIS

Seven alarms were in use at the beginning of the year, but it was found that this number was insufficient to meet the demand for this type of treatment and a further four alarms were purchased during the year. In addition, a family which had left Lincoln in 1967 with one of our alarms, returned to the City and the alarm was recovered. At the end of the year, therefore, twelve alarms were in use.

The bell and pad alarm has proved its worth in the treatment of bed wetting at night, but before an alarm is recommended by the School Medical Officer, the child must first be examined to exclude any physical cause for the complaint. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

The following table shows the results of treatment and the ages of the children treated during the year.

Age				Cured	Improved	No Improvement	Totals
5	..	..	..	1	1	—	2
6	..	..	..	—	3	—	3
7	..	..	..	2	1	1	4
8	..	..	..	3	1	—	4
9	..	..	..	1	—	—	1
10	..	..	..	1	1	1	3
11	..	..	..	3	2	3	8
12	..	..	..	2	—	1	3
13	..	..	..	—	—	1	1
14	..	..	..	2	1	1	4
				15	10	8	33



One of the School Medical Officers saw a number of children during the year at one of the outlying clinics for the treatment of enuresis by drugs and the following table shows the results of her work:

<i>Age</i>	<i>..</i>	<i>..</i>	<i>Cured</i>	<i>Still under treatment</i>	<i>Failed Appts.</i>	<i>Ref'd. Spec't.</i>	<i>Totals</i>
5	..	..	—	2	—	—	2
6	..	..	—	1	—	—	1
7	..	..	1	—	1	—	2
8	..	..	1	1	—	—	2
9	..	..	—	—	—	—	—
10	..	..	—	2	1	1	4
11	..	..	—	1	—	1	2
12	..	..	1	1	—	—	2
13	..	..	—	—	1	—	1
14	..	..	—	—	—	—	—
15	..	..	—	1	—	—	1
			3	9	3	2	17

## CLEANLINESS OF SCHOOL CHILDREN

### PEDICULOSIS CAPITIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1964	1965	1966	1967	1968
3.0%	2.7%	1.9%	2.8%	2.0%

Inspection for the presence of pediculosis.

Number of visits to schools	..	..	..	..	270
Number of inspections of children	..	..	..	..	34113
Number of children found to be verminous, however slight					272
Notices issued to parents under Section 54(2) of the Education Act, 1944	..	..	..	..	161
Cleansing Orders under Section 54 (3)	..	..	..	..	6

The parents of one child were prosecuted during the year under Section 54 and found guilty. Each parent was fined £1.

The number of children found to be infested during the year was 270 compared with 287 in 1967 and 262 in 1966. The proportion of the school population found to be infested remains fairly steady at between 2% and 3%. It is difficult to see how the numbers can be reduced rapidly since there are a few areas of the City where some families are seldom free from infection.

The main difficulty in eradicating this infestation is that although it is possible to persuade family contacts to be treated this is not always the case, and parents and older children often constitute the reservoir of infestation.

Head lotion and special shampoos are freely available from School Clinics for children with verminous heads and, where it is suspected that parents or older members of the family are infested, the School Nurses distribute extra quantities of shampoo and endeavour to persuade the adults to cleanse their own hair.

The vigilance of the School Nurses is instrumental in keeping the numbers of verminous heads at a low level, but the persistence of this infestation is due to lack of training in the homes of those families, which, year after year, allow children to attend school in a verminous condition and put other children at risk.

## INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

			1968	1967	1966
Acute Meningitis	..	..	1	—	—
Dysentery	..	..	1	14	13
Infective Hepatitis	..	..	295	—	—
Measles	..	..	251	93	314
Scarlet Fever	..	..	16	6	18
Whooping Cough	..	..	4	19	—
			<hr/> 568 <hr/>	<hr/> 132 <hr/>	<hr/> 345 <hr/>

### Acute Meningitis

This disease became notifiable with effect from 1st October, 1968 under the Health Services and Public Health Act, 1968. The one case notified was a boy of 6 years who was a patient in St. George's Hospital.

### Diphtheria

No case of diphtheria has been notified in the City since 1950.

### Dysentery

This disease has been less troublesome during 1968 than for some years previously and only one case was notified (14 in 1967).

### Infective Hepatitis

The epidemic of Infective Hepatitis, which became apparent during 1967, continued throughout 1968. Although it was known that many cases of the disease were occurring in 1967, no figures are available as Infective Hepatitis was not notifiable. However, as a result of an approach to the Ministry of Health, the disease became notifiable in Lincoln on 15th February, 1968 and it became notifiable nationally from 1st October, 1968.

The number of cases notified amongst school children during 1968 was 295. The infection occurred throughout the City and at the end of the year there was no evidence that the outbreak was subsiding. As a prophylactic measure, gamma globulin was given to half the children attending two Junior Schools and the results were submitted to the Central Public Health Laboratory, Colindale Avenue, London for inclusion in the investigation into the use of gamma globulin in schools and institutions for the control of infective hepatitis.

### Measles

An epidemic of measles was expected during 1968 and occurred during the first six months of the year.

Vaccination against this disease became generally available in the summer and it is hoped that it will prove effective in preventing further epidemics.

## Poliomyelitis

No case has been notified in the City since 1960.

## Scarlet Fever

Sixteen cases were notified during the year and all the children concerned were under 10 years of age.

## Whooping Cough

Four cases were notified during the year (19 in 1967) and only one of these children had been fully immunised against the disease.

## VACCINATION AND IMMUNISATION

### Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

#### Primary Courses Completed (5 — 15 year age group)

			By L.A.	By GPs	Total
Triple (D.T.P.)	..	..	3	1	4
Diphtheria/Tetanus	..	..	27	1	28
Diphtheria only	..	..	—	—	—
Tetanus only	..	..	8	1	9

#### Reinforcing Injections (5 — 15 year age group)

Triple (D.T.P.)	..	..	4	42	46
Diphtheria/Tetanus	..	..	811	48	859
Diphtheria only	..	..	13	—	13
Tetanus only	..	..	5	36	41

## Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term.

During the year, 942 children were given fourth doses of vaccine at school, as against 903 in 1967. In addition 92 children were given booster doses by their General Practitioners.

Primary vaccination is offered to those children who have not been protected in infancy, and during the year 69 children received primary courses in school whilst General Practitioners gave a further 7.

## TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1963	1964	1965	1966	1967	1968
Pulmonary tuberculosis	2	3	—	—	1	1
Tuberculous meningitis	1	—	—	—	—	—
Tuberculosis, other forms	—	—	—	—	—	—
Totals ..	3	3	—	—	1	1



### B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. Scheme. B.C.G. Vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13 — 14 year old age group.

The following table shows the result of the work carried out during the year:

	1968	1967
Consent rate, November survey .. ..	89%	90%
<b>Work carried out during the year</b>		
Number skin tested .. ..	973	966
Number found positive: Grades 1 & 2	52	59
Grades 3 & 4	16	17
Positive rate .. ..	6.8	7.8
Number found negative .. ..	856	846
Number vaccinated .. ..	855	841
<b>Positive Reactors</b>		
	1968	1967
Grades 1 and 2 referred to Mass Radiography Unit:		
No evidence of disease .. ..	50	57
Refused or failed to attend .. ..	2	2
	<hr/> 52	<hr/> 59
Grades 3 and 4 X-rayed at Chest Clinic by large film:		
No evidence of disease .. ..	12	13
Signs of old healed lesions:		
For follow-up by Chest Physician ..	—	1
No further action .. ..	4	2
Failed to attend, but under care of Chest Physician some years ago .. ..		
	—	1
	<hr/> 16	<hr/> 17

### PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1968, was as follows:

	1968
To Nursery, Primary and Secondary Schools etc.	1,583,537
To Staff and Helpers .. ..	140,687
	<hr/> 1,724,224
Number of Free Meals supplied .. ..	258,025

On a selected day in 1968, the number of children taking milk at main-  
tained schools under the 'Milk-in-Schools Scheme' was 6,287, which re-  
presents approximately 78.3% of those present on the selected day. The  
provision of free milk to Secondary Schools ceased in July, 1968.

## HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at regular intervals by the School Medical Officer. During this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officers.
2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

The following handicapped pupils were ascertained during the year:

Deaf	..	..	..	..	..	..	..	2
Partially Hearing		..	..	..	..	..	..	2
Physically Handicapped		..	..	..	..	..	..	6
Delicate	..	..	..	..	..	..	..	6
Educationally subnormal	..	..	..	..	..	..	..	11

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

The following table shows the number of children ascertained as in need of special educational treatment in Lincoln, and the schools in which they are placed:

### Blind

No child required special residential schooling on account of this condition.

### Partially sighted

7 children are in special schools:

East Anglian School, Great Yarmouth	..	..	4
Exhall Grange, Coventry	..	..	2
St. Vincent's School, Liverpool	..	..	1

### Deaf

3 children are in special schools:

Royal School for the Deaf, Derby	..	..	1
Burwood Park School, Surrey	..	..	1
Mary Hare Grammar School, Newbury	..	..	1

**Partially hearing**

11 children are in special schools:

Maud Maxfield School, Sheffield	..	..	..	2
Partially Hearing Unit, Boultham School, Lincoln	..			9

**Educationally subnormal**

117 children are in special schools or classes:

St. Christopher's, Lincoln	...	..	..	..	113
Hilton Grange School, Leeds	..	..	..	..	2
Seacroft School, Skegness	..	..	..	..	1
Stubton Hall, Newark	..	..	..	..	1

**Epileptic**

One child is in a special school.

Lingfield Hospital School	..	..	..	..	1
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**Maladjusted**

9 children are in special schools:

Deighton Close, Louth	..	..	..	..	5
Brookside School, Shropshire	..	..	..	..	1
Clwyd Hall School, Denbigh	..	..	..	..	1
Stretton House, Chesterfield	..	..	..	..	1
Finchden Manor School, Tenterden	..	..	..	..	1

**Physically handicapped**

25 children are in special schools:

Lincoln Open Air	..	..	..	..	20
Irton Hall School, Cumberland	..	..	..	..	1
Hesley Hall, Doncaster	..	..	..	..	1
Exhall Grange School, Coventry	..	..	..	..	1
Chantrey School, Sheffield	..	..	..	..	1
Star Centre for Youth, Cheltenham	..	..	..	..	1

**Speech Defect**

No child required special residential schooling on account of this condition.

**Delicate**

34 children are in special schools:

Lincoln Open Air	..	..	..	..	33
Eden Hall School, Bacton	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1968:

Educationally subnormal	..	..	..	..	3
Maladjusted	..	..	..	..	1

**PARTIALLY HEARING UNIT**

The Unit for Partially Deaf Children at Boultham Infants School is in the charge of Miss E. E. Norris and I am indebted to her for the following report.

**Report on the work of the Partially Hearing Unit during 1968**

"I am sending an account of the work of the Partially Hearing Unit in tabulated form as this seems to be the clearest way of including the various categories of children."



<i>Sex</i>	<i>Age</i>	<i>Attendance</i>	<i>Authority</i>
Female	3	2 afternoons weekly (Attends Nursery)	Lincoln
Male	3	2 afternoons weekly (Attends Nursery)	Lincoln
Male	3	2 afternoons weekly (Attends Nursery)	Lincoln
Male	5	Full-time	Kesteven
Male	6	Full-time	Lincoln
Male	6	Full-time	Lincoln
Male	7	Full-time (P.E. Games, Craft at Junior School)	Lincoln
Female	8	Full-time	Kesteven
Male	9	Full-time (P.E. Games, Craft at Junior School)	Lincoln
Male	9	2 mornings weekly (Attends Junior School)	Lincoln
Male	10	Full-time (P.E. Games, Craft at Junior School)	Lindsey
Female	11	Full-time	Kesteven
Male	11	Mornings only P.M. at Junior School	Lincoln
Male	12	Transfer to Mary Hare Grammar School, Sept. 1968	Lincoln

Four Lincoln children who wear hearing aids and attend hearing schools in the City are seen periodically at the County Hospital.

### **CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL**

Five children were ascertained during 1968 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

### **SPECIAL SCHOOLS IN LINCOLN**

#### **Open Air School**

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1968	..	..	53
Number of children admitted during 1968	..	..	23
Number of children discharged during 1968	..	..	19

Included in the above figures are five children from County areas who attend the Open Air School.

The medical condition of the children for whom this type of education was necessary was as follows:

General Debility	..	..	..	..	..	10
Bronchitis	..	..	..	..	..	9
Asthma	..	..	..	..	..	8
Sequelae of Poliomyelitis	..	..	..	..	..	1
Haemophilia	..	..	..	..	..	2
Cerebral Palsy	..	..	..	..	..	5
Hydrocephalus	..	..	..	..	..	1
Orthopaedic defect	..	..	..	..	..	5
Fibrocystic disease	..	..	..	..	..	4
Spina Bifida	..	..	..	..	..	4
Miscellaneous	..	..	..	..	..	4

A number of the children in the above categories have been admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

A Medical Officer visits the school on four occasions each term, and a School Nurse visits from time to time as the need arises.

### DAY SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

St. Christopher's, a purpose built school for educationally subnormal children was completed during 1966 and a Diagnostic Unit attached to the school was opened in 1967.

At the end of 1968, there were 131 pupils in St. Christopher's School as follows:

Lincoln E.S.N. children	..	..	..	..	104
County E.S.N. children	..	..	..	..	18
Diagnostic Unit	..	..	..	..	9

The Diagnostic Unit is proving to be particularly useful in the assessment of those borderline cases whose future placement is somewhat doubtful. In the past there has been no means of accurately assessing these children, but they can now be admitted to the Unit for an indefinite period for observation and testing.

### NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at three Infants' Schools. The children admitted to the nursery classes have been in the main, children of women who have returned to school teaching.

The average attendances during the year were as follows:

	<i>Average Attendance</i>		
St. Cuthbert's Nursery School	..	..	41.4
St. Giles Nursery School	..	..	38.07
St. Botolph's Nursery Class	..	..	19.5
Hartsholme Nursery Class	..	..	20.3
Manor Leas Nursery Class	..	..	14.0

All children are medically examined on entry and a medical officer visits at regular intervals to see new entrants and to examine other children when required.

## THE CHILDREN AND YOUNG PERSONS' ACT, 1933

227 children were examined for employment outside school hours as compared with 233 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number one child was found to be unfit for employment.

### HOME TEACHING

During 1968, 5 children were taught at home and the conditions which necessitated home teaching were as follows:

Orthopaedic .. .. .	2
Cerebral tumour .. .. .	1
Fibrocystic disease .. .. .	1
Skin complaint .. .. .	1

### MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

109 teachers appointed to the Authority's staff were medically examined during the year.

72 students were also examined in connection with their entry to Training Colleges.

### DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of three children during the year. The causes of death were as follows:

Accident (drowning) .. .. .	1
Exfoliative Psoriasis .. .. .	1
Bronchial Asthma .. .. .	1
Total ..	3

### HEALTH EDUCATION

During 1968, the Health Education service offered to schools was further developed and extended and now includes students of further education.

As in previous years a full programme of Health Education has been carried out in one of the girls' secondary modern schools and this has been further extended to include another secondary modern school. The programme consists of personal hygiene, mothercraft, the principles of first aid and home nursing, Local Authority and Welfare services and School Health, safety in the home, family and personal relationships and also includes some special subjects such as the venereal diseases and smoking.

A new venture, a full programme of talks illustrated by slides and films on the human body and its maintenance and what is needed for health, has been carried out in one of the boys' secondary modern schools. Every boy has the benefit of these talks which are adapted to suit each age group and are given every two weeks throughout the school year.

Six of the large junior schools have a full programme of talks on the human body, the various systems of the body, care and maintenance, and simple hygiene, illustrated by the use of films and flannelgraphs. A talk is given every two weeks throughout the school year to the 10 — 11 age group.



In one of the junior schools, when the talks were being given on the reproductive system and birth, parents were invited to attend. Quite a few parents accepted the invitation.

The six to seven year old age group of one of the infant schools received a talk each week for one term only (this was in order to keep the number of the group to 24 so that all the 6 — 7 year olds would benefit). The talks were on the human body, but simplified and adapted to the age group. The talks also covered hygiene and families.

Special talks were given at the end of term in one of the girls' high schools.

An extensive programme of Health Education has now been commenced in the College of Art with the printing and hairdressing students. The subject matter of the talks include what is needed for health, care and maintenance, food, activity and rest, clothing and shelter, family and friends, the breakdown of health, family planning, the venereal diseases, smoking, and the people's health which includes the Health Service in Britain today, the services concerned with treatment, Public Health and Preventive Services and other services concerned with health and world health.

It is hoped to maintain these talks and programmes in the future and to extend them wherever possible.

## **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER**

The Lincoln School Dental Service entered the year of 1968 with Raven-dale Clinic out of commission due to the inability to fill the vacancy despite repeated advertising. At the Central Dental Clinic our Dental Auxiliary left the service in January after  $3\frac{1}{2}$  years of excellent service to the community, thus facing us with a severe reduction in man-power.

Under the circumstances we have found it impossible to maintain the annual inspection programme and this year only 85% were inspected at routine school inspection as compared with 100% in 1967. Apart from certain schools, the overall standard of dental fitness remains roughly the same as last year and we find that 39.5% require treatment subsequent to school inspection. This is the mean average of schools in widely different socio-economic areas. For various reasons our intense Dental Health Education propaganda has little impact in the less fortunate ones, and it is a relief to know that it is here that fluoridation will be of the greatest importance. The adoption of this very efficient prophylactic is without doubt the most encouraging news of the year in the dental sector, and although its effect will not become evident until the mid-1970's, it is good to know that the foundations have been laid for a new generation of people who will enjoy benefits which up to now have been available only to a relatively small minority in this country.

I would like to thank the members of my staff, the Principal School Medical Officer and Chief Education Officer and their respective staff for support and encouragement during the year.

G. A. VEGA,

*Principal School Dental Officer.*

## **DENTAL HEALTH EDUCATION**

Two hundred and forty-five sessions have been spent in the City's Schools this year giving talks and instruction on dental anatomy and care of the teeth and gums. Individual class talks were given to all nursery and primary schools. Films, filmstrips, talks and instruction were given to Secondary Modern

Schools and the Girls' High School. The interest shown in the talks was very gratifying and a great deal of co-operation was received from all head teachers and staff.

The Open Air School and St. Christopher's E.S.N. school received dental talks and toothbrushes were distributed.

In an endeavour to improve oral hygiene and check the litter problem caused by in-between meal snacks at Monks Road Junior School, the head teacher requested a Dental Health Campaign to be organised and carried out in the school during the summer term. The campaign consisted of several individual class talks, films, displays of dental health material and a competition, for which prizes of dental products were awarded. In-between meal snacks have now ceased. Several schools organised their own dental health competitions and prizes were awarded on merit.

The Dental Exhibition at Lincoln's Annual Youth Show proved to be most successful. Four thousand prizes were distributed to children entering the dental health competition. A dental health display was arranged at the new City School for the school meals staff One Day Course. Throughout the year dental material and propaganda has been exhibited in several shop windows. A number of student teachers have borrowed visual aids for teaching practice in local schools and several pupils from grammar and secondary modern schools who were interested in dental careers have taken the opportunity of spending days at the Dental Clinic.

### Summary of Dental Inspections and Treatment carried out during 1968

	1968	1967
<b>Inspections</b>		
First inspection at school (No. of pupils) .. ..	10646	13341
No. found to require treatment .. ..	4214	5382
Percentage requiring treatment .. ..	39.5%	40.3%
Percentage referred for treatment .. ..	77.5%	83.6%
Percentage accepted treatment .. ..	49.2%	43.8%

### Sessions

Sessions devoted to treatment .. ..	1169	1463½
Sessions devoted to inspection .. ..	82	100½
Sessions devoted to Dental Health Education ..	462	469

### Attendances and Treatment

First visit .. ..	2675	3140
Subsequent visits .. ..	3485	5609
Total visits .. ..	6160	8749
Additional courses of treatment .. ..	112	128
Fillings in permanent teeth .. ..	4404	6771
Fillings in deciduous teeth .. ..	2628	4081
Permanent teeth filled .. ..	3611	5162
Deciduous teeth filled .. ..	2345	3590
Permanent teeth extracted .. ..	429	623
Deciduous teeth extracted .. ..	1571	2170
General anaesthetics .. ..	301	346
Emergencies .. ..	845	859
No. of patients X-rayed .. ..	343	444
Prophylaxis .. ..	1037	1377
Teeth otherwise conserved .. ..	471	1081

<b>Attendances and Treatment—<i>continued</i></b>						1968	1967
No. of teeth root filled	..	..	..	..	..	24	24
Inlays	..	..	..	..	..	5	9
Crowns	..	..	..	..	..	29	35
Courses of treatment completed	..	..	..	..	..	2797	2901

### Orthodontics

Cases remaining from previous year	..	..	..	..	..	32	19
New cases	..	..	..	..	..	41	87
Cases completed	..	..	..	..	..	44	68
Cases discontinued	..	..	..	..	..	6	6
No. of removable appliances	..	..	..	..	..	44	93
No. of fixed appliances	..	..	..	..	..	5	4
No. referred to hospital consultant	..	..	..	..	..	6	4

### Prosthetics

Pupils supplied with F.U. or F.L. (first time)	..	..	..	..	..	3	2
Pupils supplied with other dentures (first time)	..	..	..	..	..	15	23
No. of dentures supplied	..	..	..	..	..	20	23
Anaesthetics administered by Dental Officers	..	..	..	..	..	—	—

### Lincoln Average compared with previous year

		%	%
Percentage inspected at School Inspections (first time in year)	..	84.9	99.7
Total No. inspected at school and clinic (first time in year)	..	93.3	100.0
Percentage requiring treatment	..	39.5	40.3
Percentage of school population treated	..	20.5	22.6

### Work per session including Auxiliary

Fillings	..	..	..	..	..	6.0	7.4
Extractions	..	..	..	..	..	1.7	1.9

### Ratio of teeth filled to teeth extracted

		1968	1967
Permanent	..	8.4 : 1	8.28 : 1
Deciduous	..	1.5 : 1	1.7 : 1
Overall	..	3.0 : 1	3.5 : 1

(NOTE: When discounting orthodontic extractions, the overall ratio is 3.9 : 1).

## CHILD GUIDANCE UNIT REPORT

I am indebted to Dr. J. S. Edmondson for the following report on the work of the Child Guidance Clinic during 1968.

During the year the total number of new cases seen by the Psychiatrist was 88, a figure which is comparable with 95 (1967), and the total number of attendances was 702 compared with 820 for 1967. This means that the psychiatric workload has remained fairly constant or has diminished only a little, although the number of psychiatric sessions per week are now three instead of four as they were in the first half of 1967.

Of the kind of case being seen, there has been a marked increase recently in the referral of children showing symptoms of school phobia, and indeed this problem appears to be very much a 'target symptom' for a whole variety of problems, of which one may mention childhood depression, difficulties



over academic work, problems relating to relationships with peers and adults, and problems in the home background. Many of these children show symptoms of school phobia long before the problem becomes serious, they are basically nervous, anxious children and most of the parents are warmly affectionate and reasonably stable and take very good care of their offspring, and the only mistake is sometimes to overprotect rather than support their children in the face of difficulties. Many of these parents and children respond fairly well to simple measures of support and guidance, but of course, the more serious problems often require a hospital admission before treatment is properly effected. As this problem may become quite a significant part of our work over the next year or two, I think it bears mentioning that the children also require considerable help in the form of a school environment in which anxiety and fear are reduced to a minimum and which very adequate support academically is given. It is also useful if these children can be picked out and are fairly quickly distinguished from the truant, whose school avoidance is often only one among many delinquent symptoms in his behaviour pattern. It is to be hoped that early referral of these problems will be continued.

Otherwise the use of the Child Guidance Unit for assessment of problems of maladjustment still continues, and this diagnostic service gives one a little insight into the greater needs of the community at large if the emotional welfare of our children is to be adequately catered for. It is clear for example that the Children's Department still labour under the grossest pressures, generally stemming from an inadequate number of residential placements for deprived and disturbed children. It is not, I think, appreciated sufficiently often that the Children's Department are now required to handle quite a large number of quite disturbed children of all ages, and needs adequate facilities and properly trained and adequately paid staff if it is to do the work properly. In particular the older adolescent boy or girl poses a serious management problem if there are not adequate members of staff looking after them.

Regarding other facilities, mention has already been made of the tremendous help that has come to the area with the opening of Deighton Close School for maladjusted boys in Lindsey, but it has only served to focus once more the need for similar provision for girls and also the inadequacy of provision for boys showing delinquent symptoms who are at the low secondary modern or high E.S.N. range of intelligence. It is to be hoped that such facilities will be provided in the fairly near future as adequate help given in the early stages can often avert a delinquent trend before the inevitable pattern of offences, Juvenile Court appearance and eventually Approved School order gets in.

Regarding staff, the service was considerably enhanced by the appointment of an Assistant Psychologist in September of last year, and it is to be hoped that this new post will continue, but we are still short of adequate time to give to therapy and to individual children, and I think it may be useful to begin considering the possibility of obtaining the services of a play therapist at some future date. Such a therapist, along with adequate social work support, could do much of the routine therapy, an aspect of the service, which as I mentioned earlier, is still extremely weak, with the result that some children are not helped as much as we would have liked and early enough in the day to prevent them being a greater burden to themselves and the community later on.

Finally, I would like to comment on the very considerable liaison which has been possible between ourselves and the schools, and as you know, many children are considerably helped in their emotional difficulties when

they receive encouragement and support in the school area. I am sure that everything that can be done to improve this relationship will be beneficial to the children in their emotional problems, and it is to be hoped that everything will be done to help teachers to feel secure, as this will in turn help them at an emotional level and increase their capacity to help their pupils to feel secure also. This once more reverts to the earlier problem of school phobia, and it will quickly be appreciated that the more children invest in a healthy way in the school setting, the less they will be disturbed by the problem of leaving their mothers at home for short periods.

### **SPECIAL UNIT AT THE LAWN HOSPITAL**

I am indebted to Dr. G. McK. Nicholl for the following report on the Special Unit for maladjusted children at The Lawn Hospital, Lincoln.

"The number of admissions to the Unit during 1968 totalled 38 and the number of discharges 37. Included in these numbers were five children from the City of Lincoln (3 males and 2 females) admitted and the same number discharged. At the end of the year, three Lincoln children were in the Unit.

The Unit, which is situated in the nurses home of a small 120 bedded psychiatric hospital near Lincoln Cathedral, was opened in July, 1967 and has been fully occupied since September of that year. The nursing staff of the hospital is now non-resident and funds for the conversion of the home into a twelve bed unit were made available by the Sheffield Regional Hospital Board.

The children in the Unit spend every weekend at home and parents, when first interviewed, are told that they will be expected to come with the child at least once a week to discuss progress with the Psychiatrist. Collecting the child from the Unit at a weekend provides an opportunity for interview with the Psychiatrist. Whilst the relief of tension at the child's removal for the week enables parents to have the necessary breathing space to sort out their own problems, the child's return home each weekend ensures that home-ties for the child are not severed.

Before admission, the Psychiatrist sees the child and family so that a decision can be made as to when or if the child is to be admitted. Some children at preliminary interview seem to be needing day admission rather than residential and two or three children have been admitted on this basis. On admission each child has a full medical examination to exclude any physical factors which may be playing a part in the problem. Psychological tests are also carried out.

All children have the opportunity to go to school and the teacher and her nursery assistant take small groups of children throughout the day with different activities and work. Activities are not confined to the hospital or the grounds. The children go on shopping expeditions into the City as well as visits to the Castle and the Cathedral and other places of interest".

